STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 246033 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME LAST 7b HOUR (TYPE OR PRINT) BAKER CLIFFORD MONROE 3:00p 25, 1985 AUGUST 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS July 25, DAY 1892 YEAR Male Caucasian 93 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Frederick, Maryland U.S.A. WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Homewood Retirement Center Type of work for most of working life)
Fuel Delivery INDUSTRY Frederick None USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 30 STATE 136 COUNTY 13c. CITY OR JOWN Frederick 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Frederick 1204 North Market Street/21701 YES X NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Alice May Winsing Baker Charles Elmer 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 1204 N. Market St. 214-10-2812A Miss Kathrun Z. Baker Frederick Md. 2170 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL 18 CAUSE OF DEATH (Enter only one couse per line for ia), the find it PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27% I certify that (1) with hospitally attended the deceased from 🕵 , and that in (my) 🖛) opinion death occurred of the date and hour and from the couses stated above. [1] (well (did) (did not) view thirthody ofter death 77h SIGNATURE DEGREE 22c DATE SIGNED M. DATTENDING XX MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8/26/1985 THE PHYSICIAN'S NAME (1119) OF PRINT) 22e ADDRESS Toll House Avenue Frederick, Md. 21701 Henry V. Chase, M.D. 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Frederick, Frederick, Md. 8/28/1985 Mt. Olivet Cemetery Burial BY REGISTRAR 256 REGISTRAR'S SIGNATURE 00 DHMH - 16 50M 4/83 120 down. Market Street (VRA 15, 4) Frederick, Md. 21701

en de la constanta de la const

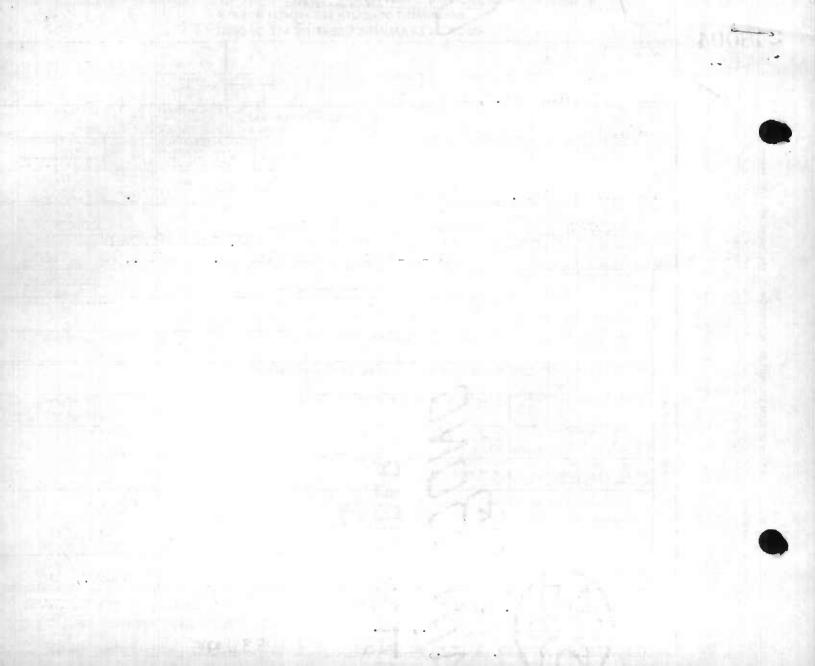
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 234103 DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) Virigina Gerturde BARGER DEATH MATED 4 RACE 2d HOUR 6 AGE (IN YEARS | IF UNDER) YR IF UNDER 24 HRS DATE PRONOUNCED August 7. Whi te Female Oct. 9. 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virgina U.S.A. Frederick County IB. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Homemaker HOME HOME South Mountain Road Knoxville USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONIL 13a. STATE 13d INSIDE CITY LIMITS2. 3710 South Mountain Rd. 21758 BALTIMORE, MD, 21201 Knoxville Maryland Frederick NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Grubb May James Lee Myers 16h SOCIAL SECURITY NO In WAS DECEASED EVER IN U.S. ARMED FORCES NFORMANI Brenda Swiger 1797 Valley Side Dr LYES NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) Frederick, Md. 21701 220-05-3989 No None 18 CAUSE OF DEATH (Enter only one cause per line for (a), the smill (c) is PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, E CHIEF BE USED 21n EXTERNAL CAUSE WAS 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 FORWARDED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PACE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted ling Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME Dr. Robert J. Thomas MD 812 Toll House Ave., Frederick, Md. ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria1 St. Marks Cemetery Petersville, Frederick, Md. 8-10-85 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE John T. Williams Funeral Home **DHMH - 17** was Davidson Randoll 100 Petersville Rd., Brunswick, Md. 21716 (VR A15 ME (5))

STATE OF MARYLAND

toe . I immed 252 - 1960 37.10 South Boundain ad. 24738 malval. act and washing Total angles associate LINES . I DESTRUCT I fold Morses vn., ire eredi, id. L. Cooler J. Tropics . L . Of , data war , all hystets , \$2020000 RESE . 12 -

John J. Hilliam Rineral Hold.

	It	em 72a G	9/30/85	mlo Fy607	DEPART	STAT MENT OF H	E OF M	AND M	ND ENTAL HY	GIENE	2	3 7	5	
220004	11-	STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATE OF	DEATH	H RE	G. NO.		
248004	1. DE	CEASED NAME	FIRST		MIDDLE			LAST		26.	DATE KNOW	N X) MONTH	OAY YEA	R 26. HOU
E. S. S. S. E. C.	1	TE OK PRINT)	Harry			20.00		nstei			DEATH MATE	D 🗆 8/	25/19 8	
FE FE	3 SEX	X 4.	RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YEAL LAST BIRTHDA			IF UNDER 2	4 HRS. 2c	DATE	нтиом	DAY YE	12:5
ARY, OUR, NOUR		LE	WHITE	NOV.7, 1	909	75 YR					DEAD	8/	25/ 19 8	5 P
ECESSARY, PLEASE NERAL DIRECTOR. OR YOUR FILES. WITHIN 78 HOUR? PRESTON BYREE!	FC	IRTHPLACE (STAT	IE OR	76. CITIZEN OF W		ITRY?			VER MARRIE	DU		cick Co		
A HAR		MARY LAND	F DEATH	USA 11. NAME OF HOS	SPITAL NU	RSING HOME	OR OTH	ER INSTITU	DIVORCE				126 KIND OF OR INDU	BUSINESS
			,	1-70, J	lug Br	reet ADDRESS)	Monoc	cacy I	River	SA L	OF WORKING LIFE	€)	FURNI	
2 Troil AND IN RECORDS		AL RESIDENCE (#	IN NORSING HOME O	ROTHER INSTITUTION, G	IVE RESIDENCE		N)		STY LIMITS?					
AND AND RELY		ARYLAND	BAL			TIMORE		YES 🗌	NO XX	321	9 NERAL	RD.	#2120	18
0 = 2000	14. F.	ATHER'S NAME		WIDDLE		LAST			ER'S MAIDEN	NAME	MIDDLE		LAST	-100
	1		NOMC		ERNS7	TEIN			ENNIE				UNKNOW	N
BALTIMORE. S. AFIER DEA GIVE PAGES TITH FORM P PAGES LAN	1 1	YES, NO, OR UNKNOW	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)		CIAL SECURITY		17 INFOR	111			ERNSTEI		200
B. GIVE PALTIMO WITH FOR THE PAGES I DIVISION (NO	DE LEU CE L		_	-18-339	2	321	9 NERA	K RD.	BAI	LTO., M		208
ST.	1	PARTIDEA	TH WAS CAUSED		tor (a), (b), and (c).)	Head	Tra	ama-	Multi	ple in	iuries	BETWEEN OF	NSET AND DEATH
PRESTON ST. ITHIN 24 HOU ICIL IN ITEM 1B NER ALONG V ANSIT PERMIT I'AL HYGIENE, I REMOVAL.		8/9/	IMMEDIAT	E CAUSE (a) DUE TO, OF	AS A CON	NSEQUENCE C						,		
PREST VITHIN COLL IN NEST AND ALL HYGAL			, if any, which to immediate	(b)										
OI W. TED WINDENCY AMINAL-TRA	15		toting the under-		AS A CON	NSEQUENCE C	F			-				
CUTE IN				(c)										
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST GERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG ER 3 SHOULD BE USED AS A BURIAL - TRANSIT PERM! E DEPRIMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGN	IIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERMI	NAL OISEASE	DR (DNOITIO	IN GIVEN IN PART	1 10				
REC I CR	CERTIFICATION	196. DATE OF C	PERATION	19b CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?				20 AUTOP	SY?
HOUNE OF HE	FIE												YES X	ON C
OF V THE OUT BE	SE SE	216 EXTERNAL UNDERLYING	CAUSE WAS	21b. TIME O	A. MONTH	DAY YEAR		OW INJURY	YOCCURRED	(ENTER NATU	JRE OF INJURY IN I	TEM TE PART TOR	PART 2)	
CERTIFICATION OF CERTIFICATION OF THE VEST SHOULD THE VEST SHOULD THE VEST SHOWN OF	MEDICAL	CONTRIBUTING	G CAUSE OF E	DEATH 12:45	PM 8	3/25/, 8!	รเ		t passe	enger	in bus	accid	ent	
DIVIS S.C.ER. V.R.FTINN N.R.D.E.D.E.D.E.D.E.D.E.D.E.D.E.D.E.D.E.D	MED (VHILE	NOT WHILE C	Y ZIE PLACE STREET, FAC	TORY, FARM, 8		S	CATION			TY OR TOWN		OUNTY	STATE
E, WAR EWAR E, WAR E, E, WAR E, E, E		AT WORK	AT WORK	Α.	bride	e			ag Brid	dge, N	Monocac	y Rive	r, Fred	.Co.,M
NO RES				e of the remains de				sy K.	Inspection		Inquiry .	ond in my	apinian	
EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE:	1	death resulted	d fram: Natur	al causes	Aceiden	N. Sui	cide	•	cide	Undeterm	ined monner	L.,		
HALE EXAMPLE THE E		ACTUAL SIGNATURE		XII	1		. AA		specify) sistant	L MEDICA	LEXAMINER	DAT	NED 8/26	/85
PEAT SET A				-	1800	THE .				<u></u>	EXAMINEN			
TO MEDICAL E EXECUTE THE O PAGE 4 SHOUN TO FUNERAL D A PTER DEATH, O BATTIMORE, M		EXAMINER'S N (TYPE OR PRIN)	T) Gree	gory R. K	auffm	an, M.	D	ADDRESS_	11.	l Penr		BAI	TO., MI)
52354W	23e.E	BURIAL, CREMATI	ON, REMOVAL 2	AUG. 27, 19	985 236	LOUDON	PAR	R CREMAT	ORY	23d LOCA BAL	THMORE	cc	MARYI	AND
BP	24 F		and the second	VINSON &	200				250. DATE RE	EC'D. BY RE	GISTRAR 25b	REGISTRAR'S	SIGNATURE	
DHMH - 17 (VR A15 ME (5))		PHANNE		ADDRES	3				ALIG	3019	205	an extrem h	on Randa	~
2014 4/92		OUTU-KEI	STERSTO	IN RD. BA	LLU	NIL - CL	772		1170	UV		102	- ALMOND	44



Land to the second	,	FOR	DEPA	RYMENT OF HEALTH AND ME	SELECT LINE SELECT	Con Con 3	4	and the	
52097	1	STATE REGISTRAR		CERTIFICATE OF DE		REG. NO.			
be compared to		CEASED NAME FIRST STATES	nley Eldrid	ge BOWMAN	2a. DATI	OF DEATH MONTH		YEAR S	10 HOUR
moy moy	3. SE)		4 RACE	S. DATE OF BIRTH	6. AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER		F UNDER 24 HE
recto urs of		Male	White	May 15, 19	910		/RS		MI MI
th. Po	2	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	MARRIED NEVER MA	RRIED 9. BALTI	MORE CITY OR COL			
o e e	25	aryland	USA	WIDOWED DIVO	ORCED 12- US	Frederic AL OCCUPATION			BUSINESS
by the	1	empreuse	(IF NOT IN SUCH FACILITY, GIVE STI	REET ADDRESS)	(TYPE OF	WORK FOR MOST OF WORK	(ING LIFE) IND	ustry tomo	
illed in	USUA 13a. S	TATE HOW		OWN 13d. INSIDE CITY	Y LIMITS? 136.STRE	ET ADDRESS / ZIP (X 1726 &	CODE		2179
thing 2 sh	J4 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S M			1017		2111
wed wo	16- 1	Augustus	MED FORCES? 166 SOCIAL SE		essie	ADDRESS		GIL	119
n ond Poges			E WAR OR DATES)		V A Bown		Item	4	13
sicro person		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b),	and (c).)			ВЕ	APPROXIM.	ATE INTERVAL
2 203 =		PART I DEATH WAS CAUSE							
death certifica ittending phy ve carbanpo ion, or remov oumatic event			DUE TO, OR AS A CONSE		חונים ביוח	normus O	USBAKE		
res that the death certification by the attending phy please remove carbanour brital, remotion, or removy, or ather troumatic event		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	QUENCE OF				PART Iro	
law requires the speed is speed in signed in prior to buried search injury, are	ICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONTRIBUTION OF AS	QUENCE OF CHS TRUC	O THE TERMINAL DIS	EASE OR CONDITION	N GIVEN IN P	FINDING	GS USED
e low requires them. In has been signed I permit. Then plec one prior to bured in wyody injury, or a prior to bured in the bured in th	RTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONDITION OF AS A CONSECUTION OF AS A CONSECUTIO	DUENCE OF ORSTRUCE DUENCE OF O DEATH BUT NOT RELATED TO CH OPERATION WAS PERFORM	O THE TERMINAL DIS	EASE OR CONDITION UTOPSY? IN C	N GIVEN IN P	FINDING AUSES C	GS USED OF DEATH? NO [
N: The law requires the system of the cost has been signed costs the state of the system of the system of the state of the state of the system of the state of th	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHEN THE CONTRIBUTION OF THE CONDITION OF THE	DUENCE OF ODEATH BUT NOT RELATED TO CH OPERATION WAS PERFORN 21c. HOW INJU	O THE TERMINAL DIS	EASE OR CONDITION UTOPSY? IN C	N GIVEN IN P	FINDING AUSES C	F DEATH?
HYSICIAN: The law requires the tiding physician. Ins certificate has been signed I build-transit permit. Then pleat if Mental Hygiene prior to burial or them 18 showpaay injury, or	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o1), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT O 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED) WHILE NOT WHILE STATE OF OPERATION	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHEN THE CONTRIBUTION OF THE CONDITION OF THE	DUENCE OF ORSTRUCE DUENCE OF O DEATH BUT NOT RELATED TO CH OPERATION WAS PERFORM DAY YEAR 19 211. LOCATION	O THE TERMINAL DIS MED 200 A YES [JRY OCCURRED (ENTIT	EASE OR CONDITION UTOPSY? IN C	N GIVEN IN P	FINDING AUSES C	F DEATH?
SICIAN: The law requires the physician certificate has been signed lyidi-transit permit. Then pleatental Hygiene prior to buriof item 18 showpagn injury, or		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19th DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	DUE TO, OR AS A CONSECTION OF A STREET FACTORY, OFFI	DUENCE OF OUENCE OF ODEATH BUT NOT RELATED TO CH OPERATION WAS PERFORM DAY YEAR 19 211. LOCATION STREET	O THE TERMINAL DIS MED 200, A YES [URY OCCURRED (ENTIL	EASE OR CONDITION OUTOPSY? NO R NATURE OF INJURY IN JIE CITY OR TOWN	N GIVEN IN P IF YES, WERE CERTIFYING C YES COU 19	FINDING AUSES C	PF DEATH? NO STATE
HYSICIAN: The law requires the tiding physician. Ins certificate has been signed I build-transit permit. Then pleat if Mental Hygiene prior to burial or them 18 showpaay injury, or		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE OF OTHER SIGNIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK SIGNIFY HOT WITH SOW this hospir sow the deceased alive on the decease of the de	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTION FOR WHICH CONTRIBUTIONS CONTRIBUTIO	DUENCE OF OUENCE OF ODEATH BUT NOT RELATED TO CH OPERATION WAS PERFORM DAY YEAR 19 211. LOCATION STREET	O THE TERMINAL DIS MED Z00. A YES [JRY OCCURRED (ENTIL	EASE OR CONDITION OUTOPSY? NO R NATURE OF INJURY IN JIE CITY OR TOWN	N GIVEN IN P IF YES, WERE CERTIFYING C YES COU 19	FINDING AUSES C	PF DEATH? NO STATE
R ATTENDING PHYSICIAN: The law requires the hospital or attending physician. RECTOR, After this certificate has been signed led for use as the burial-transit permit. Then pleated, of Health and Mental Hygiene prior to burial tem 21 is marked or them 18 showpary injury, or		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE OF OTHER SIGNIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK SIGNIFY HOT WITH SOW this hospir sow the deceased alive on the decease of the de	DUE TO, OR AS A CONSECTION OF THE PLACE OF INJURY LATHOUR A.M. MONTH P.M. 21e. PLACE OF INJURY LATHOUR A.M. MONTH P.M.	DUENCE OF DUENCE OF DUENCE OF DEATH BUT NOT RELATED TO CH OPERATION WAS PERFORM DAY YEAR 19 211. LOCATION STREET DEGREE	O THE TERMINAL DIS MED 700 A YES [JRY OCCURRED (ENTIL 19 52 . to _ ur) opinion death occ	EASE OR CONDITION AUTOPSY? NO NO R MATURE OF IMJURY IN ITE CITY OR TOWN AUTOMA Urred on the dote one	IF YES, WERE LERTIFYING C YES	FINDING AUSES C	STATE (we) loouses stoted
he haspital or attending physician. The law requires the haspital or attending physician. DIRECTOR: After this certificate has been signed looked for use as the burial-transit permit. Then pleas Dept. of Health and Mental Hygiene prior to burial if Hem 21 is marked or them 18 showyaay injury, or		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER. NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK AT WORK AT WORK OF THE COUNTY O	DUE TO, OR AS A CONSECTION OF THE PLACE OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY HOUR A.M. STREET, FACTORY, OFFI	DUENCE OF DUENCE OF O DEATH BUT NOT RELATED TO CH OPERATION WAS PERFORM DAY YEAR 19 211. LOCATION STREET DEGREE ATT PH	O THE TERMINAL DIS MED 200, A YES [URY OCCURRED (ENTIL	EASE OR CONDITION OUTOPSY? NO NO IN C IN C IT OR TOWN OUTPED ON the dote one AL STAFF	IF YES, WERE CERTIFYING C YES COU 19 20 d hour ond tr	FINDING AUSES C PART 2) JINTY	STATE (we) loouses stoted
OSPITAL OR ATTENDING PHYSICIAN: The law requires the by the hospital or attending physician. UNERAL DIRECTOR, After this certificate has been signed lid be detached for use as the burial-transit permit. Then pleathe State Dept. of Health and Mental Hygiene prior to burial NRANI; if them 21 is marked or them 18 showpary injury, or		Conditions, if ony, which gove rise to immediate couse fol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF CONTRIBUTING CAUSE OF DEA CONTRIBUTING CAUSE OF DEA CONTRIBUTING CAUSE OF DEA CONTRIBUTING CAUSE OF DEA CONTRIBUTION CONTR	DUE TO, OR AS A CONSECTION OF THE PLATE OF INJURY LATHOME, STREET, FACTORY, OFFI	DUENCE OF OUENCE OF OUENCE OF CH OPERATION WAS PERFORM DAY YEAR 19 211. LOCATION STREET DEGREE ATT PH 22e ADDRESS	O THE TERMINAL DIS MED 200 A YES { URY OCCURRED (ENTIL 19 2 10 10 10 10 10 10 10 10 10 10 10 10 10	EASE OR CONDITION AUTOPSY? NO NO R NATURE OF INJURY IN THE CITY OR TOWN UTTED ON the date one AL STAFF OR PHYSICIAN	IF YES, WERE CERTIFYING C YES COU 19 20 d hour ond tr	PART 2) UNITY JUNITY JUNITY	STATE (we) loouses stoted
the hospital or attending physician. The law requires the hospital or attending physician. L DIRECTOR, After this certificate has been signed locked for use as the burial-stransit permit. Then pleated for use as the burial-stransit permit. Then pleated for use as the burial-stransit permit. Then pleated for use as the burial-stransit or the plant of the	MEDICAL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse tost. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY OF THE CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER OF THE COUNTY	DUE TO, OR AS A CONSECTION OF THE PRINTS	DUENCE OF OUENCE OF OUENCE OF CH OPERATION WAS PERFORM DAY YEAR 19 211. LOCATION STREET DEGREE ATT PH 22e ADDRESS	O THE TERMINAL DIS MED 700 A YES [JRY OCCURRED (ENTI 19_8 2 10_ ur) opinion death occ TENDING MEDIC WSICIAN DIRECT TEN OARLS	EASE OR CONDITION AUTOPSY? NO NO R NATURE OF INJURY IN THE CITY OR TOWN UTTED ON the date one AL STAFF OR PHYSICIAN	IF YES, WERE CERTIFYING C YES COU 19 220	PART 2) UNITY JUNITY JUNITY	STATE STATE (we) In Duses stoted IGNED

181.41

efter the state of the state of

ded :

LES (Preson to the relief of the letter to the later to the letter A- . dinnspress, ., is, is ender, is.

246058	1-	FOR STATE	3/30/03	MEI	PART	STA MENT OF I EXAMIN	HEALTH	AND ME	NTALH	YGIENÉ	IM	9 7	1		
	I. DE	REGISTRAR CEASED NAMI E OR PRINT)			MIDDLE	LAMIN	ER 3 C	LAST	AILO		DATE KNO	111-	ONTH D		2b. HOUR
RECTOR UR FILES 2 HOURS V STREET,	i. SEX	ale	Floyd 4.RACE black	5. DATE OF BIRTH	M. YEAR 21	6. AGE (IN YEA	ARS IF UN		IF UNDER 2		DEATH MA	MC	ONTH D	5/ 19 85 YEAR	12:5
RGESSAR NERAL D MORNIN MINININ	7a. B	RTHPLACE (S		76. CITIZEN OF WE	IAT COUN	- " ()	0	ED NEV	/ER MARRIE	D	BALTIMORE	-	OUNTY		MD MD
THE PARTY IS NOT THE PA	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS	CILITY, GIVES	REET ADDRESS)	, OR OTH	ER INSTITUT		12a USUA	L OCCUPATION OF WORKING	ON (TYPE OF V			ISINESS
AND 31	13a S	RESIDENCE TATE arylar	Tab. COUN	OR OTHER INSTITUTION, GR	13c. CITY	BEFORE ADMISSION OR TOWN		13d. INSIDE CIT	NO 🗆	13e STREE	TADDRESS Rigo	gs Av	enue	2121	7
DEATH AND	1	Willie	9		Brow			Rosa		NAME	MIDDLE		Cane	LAST	
SALTIMO GHVE PA ITH FOR PAGES VISION	160 \	VAS DECEASE ES NO, OR UNKNO YES	D EVER IN U.S. ARI	MED FORCES? WAR OR DATES)		-16-5		Ide]		ıncar	1930	DDRESS Rig	gs A		
NN ST., I A HOUR TEM 18. ONG W ERMIT.	?		ATH WAS CAUSE	TE CAUSE (a)		H		eسرتجر	Mul	tipl	e inju	ries	-	APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
DS. 201 W. PREST RECUTED WITHIN 2 10" IN PENCIL IN ALL EXAMINER AL BURIAL TRANSIT AND MENTAL HY ATION, OR REMO		gave ri cause (a lying cau		(b)	AS A CON	ISEQUENCE (OF .	OR CONDITION	N GIVEN IN PAR	T 1 (p.).					
TAL RECOR	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				12	YES X	, NO ()
S CRITICATE SE RITING THE WOS RDED TO THE CO THE SHOULD BE TO EMPLOY TO BUILD TO PROOF TO BUILD	MEDICAL CERTI	UNDERLYING CONTRIBUTI	NG CAUSE OF	210 PLACE C	PM 8/	(AT HOME,	5 sub			nger	in bus				NO A.J.
DIV NIE, WRITI ORWARDE RESTATED (D) (21201	WE	711 1101111	NOT WHILE X	br	idge			[]	Inspection	dge,	MONOCE Inquiry'	1	ver, F		Co., M
TO MEDICAL EXAMINE DECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH WIGHTH INTERNORE MARKITH INTERNORE MARKITH	1	death result	ed fram: Natu	ral causes	Accident	X, Su	icide M.	Hamic TITLE (SI D. ASS	PECIFY)		Mined manne		DATE SIGNED	8/:	26/85
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BAUTIMO	23q.B	IXAMINER'S TYPE OR PRI URIAL, CREMA	NT) Gred	ory R. Ka		n, M.D		ADDRESS					COUNTY	N.F.	DAYE
BP	24 F	URIAL UNERAL DIRECT MAMC Ma	TOR	9/3/85 H Inc. ADDRETS				12	25a. DATE R		registrar 2			Mc Andel	
20M 4/82	-								AUI	300	1300	Ī			

241082	1-	FOR STATE				ENT OF HE	ALTH A	RYLAND IND MENTAL RTIFICATE		E2 2 9	1	3	
の ままび		REGISTRAR CEASED NAME PE OR PRINT)	FIRST		MIDDLE	AMINE	LAS	STLE	OF DEA	REG 20. DATE KNOWN OF ESTI- DEATH MATED	13 0	20 19	75. HOUR 1/4
PARCIE Note File	Ma.	1	RACE White	Jan. 6,1	YEAR	AGE IIN YEARS LAST BIRTHDAY) 91 YRS.	MONTHS MONTHS	RTYR. IF UND	ER 24 HRS.	2c. DATE PRONOUNCED DEAD	8	20 19	85 11 AA
WITHEN WITH A STREET OF THE ST	70 B	IRTHPLACE (STATE OREIGN COUNTRY)	E OR	76 CITIZEN OF WH	A COUNT		MARRIED VIDOWED	NEVER MAI	-	9. BALTIMORECIT	_		TH
PAGE 9	1	Trederic	k	11. NAME OF HOSI LIE NOT IN SUCH FACE Prederic	k Mem	orial I	lospi			JAL OCCUPATION MOST OF WORKING LIFE) Cement		OR IN	OF BUSINESS DUSTRY
ANY D AND 3 RETAIN RECORD	13q. S	ALRESIDENCE (IF STATE aryland	13b COU Fred	e or other institution, GIV NTY lerick	13c. CITY C	FORE ADMISSION OR TOWN erick	130	d. Inside City Limits? Yes 🔼 NO [I3e STR	eet address West 13th	Stree	et 217	01
PER MO		ATHER'S NAME		MIDDLE LEWIS	Castî				rence	MIDDLE		Gibbo	THE REAL PROPERTY.
ALTIMO AFTER I SIVE PAC I'H FORM AGES 1 VISION C	16a. \	WAS DECEASED YES, NO, OR UNKNOW NO	N) (IF YES, GO	RMED FORCES? /E WAR OR DATES) DICE	200	10-9062	2	. INFORMANMI FI	s. El ederi	sie J. ACS ck, Md. 2	Stle 5	5 West	13th S
TTAL RECORDS, 201 METERS HOULD BE EXECUTED WITH THE SEA "IN PENCIL IN ITE STAFF ALCHIER MEDICAL EXAMINER ALCHIER AND ARBITAL - TRANSIT PROBLEMENT HAD MENTAL HYGING, CREMATION, OR REMOVA	Z	gave rise cause (a) st lying cause	if any, which to immediate the under the under last.	h te (b)	AS A CONS	EQUENCE OF	L DISEASE ON	r CONDITION GIVEN IN	PART I (o).				
E SHOULD BY WORD "PENIE CHIEF AND BE USED AND IN TOF HEAL!" BORIAL, CR.	CERTIFICATION	190. DATE OF C				HICH OPERAT	ION WAS	PERFORMED?				20 AUTO	_
IFFICATION OF TO THE VOULD OR TO CARTA	MEDICAL CER	210. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC	OR CAUSE O	21e. PLACE C	MONTH I	T9	211. LOCA	TION	RED (ENTER	NATURE OF INJURY IN ITEA			
DIVIS TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SI AFTER DEATH, WITH THE STATE DER BALLIMORE, MARYLAND, 21201 PR	W.	death resulted	that I taak cha	rge of the remains descrived causes	Accident [e, held on	Autopsy de ,	Inspection of the control of the con		Inquiry , ermined manner C	and in my o	2/	STATE DOJES
	23o. B	EXAMINER'S N (TYPE OR PRINT BURIAL, CREMATION SPECIFY) Buri	ON, REMOVAL	obert J. Ti	[23c, NA	AME OF CEME	TERY OR C	DRESS_ Fre	ederic	ck, Md. 21 OCATION OR TOWN ederick,	L701	unty rick.	STATE Md .
DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECT	OR: 4h T	Street Fre	a Cand	Europe	1 11-	[25e. DAT	EREC'D, BY	REGISTRAR 25b. R	EGISTRAR'S	SIGNATURE	Ro -

Militar Lenda santa di Santa d

rocerius, u. 21701

Total in Marian

المستوسمي المستوسمي المستول فالمناح المراوعين والمناج المناج الماء

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

_										KEG. 140				
		CEASED NAME	FIR5(46.	WIDDLE	11-2	LAST		2a DATE	OF DEATH A	HINON	DAY YEAR	2b. HOU	JR
	11111	CORPRINT	eorge	Fra	nklin	CLAB	AUGH			August	31.	1985	6:30	1 2
ř	1 SE			4 RACE			OF BIRTH			YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER	_
		Mada		9,64.	Acu	MONT		YEAR				MONTHS DATS	HOURS	MIN.
1	1	Male		Whi		June	e 20,	1901		84	YRS			
6		IRTHPLACE (STATE OR COUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUN	MARRII	D NEVER	MARRIED -	9 BALTIM	ORE CITY OR	COUNT	Y OF DEATH		
/		Maryland		US.	Α.	WIDOW	ED C	ONORCED -	Fr	ederical	k Co	unty		MD
1	In C	ITY OR TOWN OF DEA	HTA		HOSPITAL, NU	JRSING HOME	OR OTHER IN	STITUTION		LOCCUPATIO		126 KIND C	F BUSINE	ESSOR
1		Frederick				sing Ho	ne		Auto	Mechai	WORKING I	Garas Garas	10	
	UsU	AL RESIDENCE IF NURS		OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION							, -	-
9		state laryland	13b COUN		13c CITY OR			CITY LIMITS?		ADDRESS /				
-	_	ATHER'S NAME	rred	erick	Freder	rick	YES 🗶	NO 🗌		I Tane	AV	enue/ 21	1701	
"	1000	FRST	,	AIDDLE	LAST		IS. MOTHER	E'S MAIDEN NA	WE	MIDDLE		LAS	aT.	
11		George	Fr	ank lin	Clabat	ugh	Bt	tta				Barl	lev	
1		WAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO	17 INFORM	TMA		1421 T	S	Avenue		404
	,	No		one	217-0	5-4043	Netti	e Claba	mgh.	Frederi	ck-	Mary1ar	d 21	701
		18 CAUSE OF DEAT	H Enter on	v one couse ne	la Torro	Dand c a		7	7				IMATE INTER	
Н		PART I. DEATH W	AS CAUSE	BY	MA	INI	- 11	LIKY				BETWEEN	I A A	DEATH
		1	IMMEDIAT	E CAUSE (a)	1000	-400-		1				10	000	7
9.		N. 10 12 14 14 14		DUE TO, C	R AS A CONS	EQUENCE OF	11/8	1				7.	3 ,	100
		Conditions, if any,		(p)_				/					,	-V
		cause (a), statin	ig the	DUE TO, O	RASACONS	EOUENCE OF	XCX	(//)				111.	110	5
		underlying cause	lost.	((c)_			1 > /A					101	1	/
ì		PART 2 OTHER SIGN	NIFICANT C	onditions <u>c</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEA	SE OR COND	ITION GI	VEN IN PART 1	1	
0	6													
6	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERF	ORMED	20a AUT	TOPSY?		S, WERE FINDIN		
7	1	10 TO							YES 🗆	поп		IFYING CAUSES	OF DEAT	
6	2	21a. ACCIDENT WAS UNE	DERLYING	21b. TIME C	OF INJURY		21c. HOW I	NJURY OCCURE					140	
1		OR CONTRIBUTING				DAY YEAR			LEWIER	ANTORE OF DATOR)	IN TIEM TO	PART I OR PART 2)		
	WEDICAL	714. INJURY OCCUR			.M.	19							-1.1	
	MEG	STREET, STREET			OF INJURY	FICE FARM, ETC)	211 LOCAT			CITY OR TOWI	7	COUNTY	51	TATE
	22	al work Hot wo				A.	1.2	20		1	51	X		
П		22a.1 certify that (1)		oly grigended th	deceased fr	om) to	1111	7	19	that (I) (v	we) last
1		saw the decease above, (1) (we) k	d alive on a	view the body	ofter death.	19 0 . 0	nd that in (my) (aur) apinian d	death accurr	red on the date	e and ha	ur and from the	couses/sta	oted
П	1	226 SIGNATURE	VO	~~~	1	1.60	DEGREE					22c. DA/E	SIGNED	-
		1 au	Pu	7.00	thu	ay)		ATTENDING PHYSICIAN	MEDICAL			19/5	3/8	7
		THE PHYSICIAN'S NA	ME TYPE OR	PRINT)			22e ADDRE		DIRECTOR	K [PHISICIA	11/1	1//	7 0	1
		TI	-, H	, alce	·WY	2	200 5			Dan a da a s	-1-	141	1 01	701
-	72- 0	7	DE-US-VI	(3)	7						LCK,	Marylar	10 21	101
		BURIAL, CREMATION,		23h DATE		231 NAME OF			23d LOC	Y OR TOWN		COUNTY	ST	TATE
		Buria	7	Sept.	4,1985	Haugh's	Churc	h Cemte	ry La	diesbur	g, I	rederic	k, M	d.

Puneral Director & Basford Puneral Home 106 Bast Church Streets Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

DOC: A DESCRIPTION OF THURSDAY 1092 ,03 sant 3 lt du Traderick Comply Lyan. ene griege i enesitati Malyellegli energy objected orma derivano fromerich fraction 1421 Taney Avenue, 21701 DAKOSI 1521 unney Avenue Newschild SEV-90-112 with Cindua, Iran rich, Daryl at 2000 SELL LIES VANDA, Trained St. Maryland St. Vol.

uriul dept. 4, 1905 aliquata Centra, Land Laire, Jani Laire, Jenerius, Lai. La luer Contoh Stratt, Prendent, La. 21701

0, 100 , प्राप्त प्राप्त क THE VIEW paryland part of the key of the State of the o III 1,000 . Fut of market us.

מתרם ב. ל-בסו, של.... לא מונים מיים, דפיים בפוקיים. א

The color world, i. . or endurable and the color of the color world and the color world and the color world and the color world and the color of the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

	1-	FOR STATE REGISTRAR	and ale		EALTH AND MENTAL HYG ICATE OF DEATH	HENE REG. NO		0 1	
Ì		CEASED NAME FIRST	THAN FORR		AST A		AONTH	DAY YEAR 23 \$5	26 HOUR
	3 SEX		A RACE White	5. DATE O	FBIRTH	6. AGE IN YEARS LAST BIRTH	(DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
2	0	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF WHAT CO	AAADDIE		BALTIMORE CITY OR Frede	county	Coun	ty, MD.
1	Fı	rederick		Memoria:	ROTHER INSTITUTION L Hospital	12a USUAL OCCUPATION OF PERFECTIONS TO PERFECT OF THE PERFECT OF T			uction
5	15UA 130 S	AL RESIDENCE (IF NURSING HOME OF LATE PARTY LAND PROCESSION LAND LAND LAND LAND LAND LAND LAND LAN			13d INSIDE CITY LIMITS?	STREET ADDRESS	zraot	wn Cou	rt, 2170
0	14 FA	THER'S NAME Forrest	MIDDIE D. C	d∀ell	15. MOTHER'S MAIDEN NAM	ME	1	Mamilt	òn
	16a V	VAS DECEASED EVER IN U.S. AR		-10-5851	Mary Covel	1, 7189 Frederi			
	Z	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stofing the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	onsequence of		brain meta			mo
1	CERTIFICATION	90. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING FYING CAUSES	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 218 INJURY OCCURRED	ATH HOUR A.M. MO P.M. 21e PLACE OF INJUR	NTH DAY YEAR 19	21c. HOW INJURY OCCURI 211 LOCATION STREET	RED (ENIER NATURE OF INJURY		PART I OR PART ?)	STATE
	M	22a.1 certify that (1) (this hasp saw the deceased alive or abave, (1) (we) (did) (did not be says to be says the deceased alive or abave, (1) (we) (did) (did not be says to be	8-23-8	ed fram, an	d that in (my) (our) apinian		28-5	and fram the	that (1) (we) last causes stated
1		226 SIGNATURE -	nertin	- m		DIRECTOR PHYSICI	: AN 🗌	22c DATE	14-85
		27d. PHYSICIAN'S NAME (TYPE	- MART		220 ADDRESS 220 N Mark		rick	ml 2	1701
	- (surial, cremation, removal speciey Burial surat brecordand V	Aug 26, 1	985 Mt.	Olivet Come				

DHMH - 16 60M 7/84 (VRA 15, 4)

441 X 491

72.74 - 7 a 30 7 c 3

Market Market Theman and Told and I

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTALHYGIENE 1 - STATE 242119 CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH DECEASED NAME FIRST YEAR 26 HOUR TYPE OR PRINTS Lloud Victor Culler August 08 16 85 8:15AM & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3. SEX MONTH 07 11 1892 93 Male Caucasion Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN MARRIED XX NEVER MARRIED COUNTRY) Maruland U.S.A. WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) INDUSTRY USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 134. COLINITY Ret. Coal Dealer Coal Dealer 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YESXX NO [1212 Beechwood Dr. 21701 Frederick Frederick Maruland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Wiles William Culler Rebecca 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW 217-32-5651 Dr. Richard D. Culler Florida APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) DUE TO OR AS A CONSEQUE Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à INCERTIFYING CAUSES OF DEATH? NOIZ YES NO [210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIFE ITHER NOTHY MEDICAL EXAMINER) P.M 21 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, EACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 224 PHYSICIAN S NAME (1) PE OR PRINTS 22e. ADDRESS d b hour th Dr. Rex R. Martin, M.D. 220 North Market St., Frederick, Maruland 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) COUNTY STATE BP Burial August 19 Mount Olivet Cemetery

ILL ADDRESS 1201 N. Market

Frederick, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

Robert E. Daileu & Son. P.A

Frederick

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SECNATURE

Frederick

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALLYYGIENE

22983

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL OF CERTIFICATE OF DEATH	YGIENE 2 2	7 0 0
1. DECEASED NAME FIRST	Catherine	DERR Dear	QuausT 19	1985 2108 PM
1. SEX	4. RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Female	White	Nov. 14,1887	97 YRS	
RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED WIDOWED NOT DIVORCED		
Frederick	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Frederick Mem	SING HOME OR OTHER INSTITUTION SET ADDRESS) HOPIAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	126 KIND OF BUSINESS OR
Maryland Fred	or other institution give residence before the property of the	YES NO X	4248 Barthol	
FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	(T)la ann an
David Clayte		nger Almira	C. ADDRESS	Thomas
	215-16-		err, Item 13	CONTRACTOR OF THE PARTY OF THE
Canditions, if any, which gave rise to immediate couse (o), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	time heart	O DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 200. IF	GIVEN IN PART 110 PER LOS
OR COLUMN TO CALLER OF S	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2}
(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive of	pirot attended the deceased from		on death accurred on the date and h	, 19 , that (1) (see) last nour and fram the causes stated
Jenny	V Chase	M D ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	Aug 19,1985
Henry	V. Chase	MD 804 Toll H	louse Ave Fr	ederick MD
230. BURIAL, CREMATION, REMOVA (SPECKY) Burial	Aug. 20, 1985	Marvin Chapel	CITY OR TOWN	COUNTY STATE
24 FUNERAL DIRECTOR		250 D	Plane No.4,	Frederick, Md.
OMin L. Moles	sworth, P.A., Da	mascus, Md.		Military Dondago .

DHMH - 16 60M 7/84 (VRA 15, 4)

The State of the same

The second of th

FOR

1 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR LITTER OF PRINTS August 4, 1985 DuBOSE, Jr. Warner 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) May 2, 1913 White Male BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Colorado U.S.A. Frederick County, DIVORCED T WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING HE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! NDUSTRY Frede ick Memorial Hospital Frederick Minister USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 138 STATE GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? 7503 Ridge Road, 21701 Frederick Frederick Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lettie McElroy DuBose, Sr. Jarmer 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT NO OR UNKNOWN) Ridge Road (IF YES GIVE WAR OR DATES) Mrs. Martha DuBose. 235-60-5774 None Prederick. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a)

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a

98 DATE OF OPERATION

71n ACCIDENT WAS UNDERLYING

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death

AT HOME STREET FACTORY OFFICE FARM ETC)

19 211 LOCATION

NOF

and that in (my) (aur) apinion death accurred on the date and have and from the causes stated

CITY OF TOWN

STAFF

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

STATE

224 PHYSICIAN'S NAME (TYPE OF PRINT)

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

MEDICAL

22c. DATE SIGNED

Dr. Kusay Barakat, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE

(SMCTremation

22b. SIGNATURE

21b. TIME OF INJURY

Smithsburg Crematory

23c NAME OF CEMETERY OR CREMATORY

DEGREE

335 Park Ave., Frederick, Md. 21701

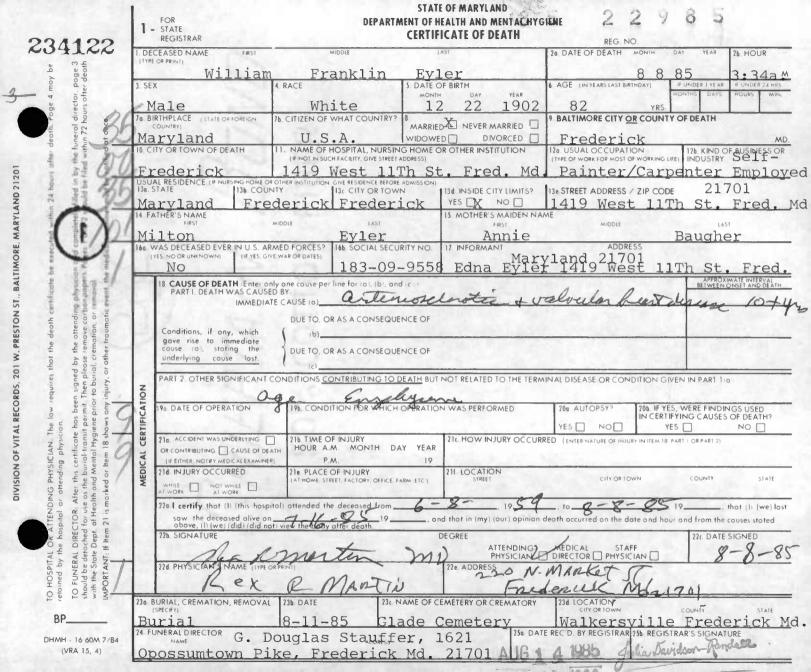
DHMH - 16 60M 7/84

Smith, Keeney and (VRA 15, 4) . Frederick Smithsburg, Washington, Md.

All the Control of th

selven on Parkets.

MARKET SEE BUILDING



10		
24:13		
	12.3	

1955	August 29	balrn	ea Fair	Helen La	
	69	e 3 1916	יטר	hill te	Ferrale
	Frederick	x		2.0	Kansas
PBX Operator	netired	ospital	ck Henorial H	Freder	Freder ick
ine Ave. 25414	157 St. August	×	Charles Town	Jefferson	.6V
wells	. †n	6race	Estes	puA	Ord
	L. Murray Churle	Mrs. Linda	509-07-3135		011

Burial

Garfield Lemetery

Barfield

P.O. Box 388 Charles Town, "Va.

280au The state of the s Tito dopt. H. appl of Process of Sources 207 See that allow the care at . 207 (M. realist made a state of the same durat brief that TOE transmire laves of the Line of the law of the 200 cett street Detect Decide Cett and the biological production of the little of the bear production of the little of the later. A Company of the control of the company of the comp

DHMH - 16 50M 4/B3 (VRA 15, 4)

Burial

8/27/85 24 FUNERAL DIRECTOR Williams Funeral Home Brunswick,

Petersville, Fred. Marks Cem.

2b. HOUR

Town

IF UNDER 21 MRS

Shewbridge

NO [

STATE

River algebra

252037	1 - FOR STATE REGIST			EDICAL EX		MARYLAND H AND MENTAL CERTIFICATE	OF DEATH REG. N	989
LEASE RETTOR. FILES. HOURS VSTREET,	1 DECEASED (1YPE OR PRIN		DAVID S DATE OF BIRTI te Dec. 8;		AGE (IN YEARS IF U		R 24 HRS. R DATE KNOWN OF ESTI- DEATH MATED R PRONOUNCED DEAD	8-19-85 19 YEAR 2d HOUR 8-22-85 19 2PM
	78 BIRTHPLA	CE (STATE OR	76 CITIZEN OF V	WHAT COUNTRY	? 8. MARI	RIED NEVER MAR	Q RAITIMORE CITY	OR COUNTY OF DEATH k County ME
W DELAY IN TO THE AIN PACE	Frede	erick		6th Sty	PRE ADMISSION)		FOR MOST OF WORKING LIFE) Teacher	OR INDUSTRY Education
EATH IF AND 213		and F NAME Walter	MIDDLE	I3C CITY OR Frede	d		DEN NAME MIDDLE	Van Campen
S ATTR C GIVE PAC GIVE PAC PACES 4 VISION 6	NO. OF	(#	U.S. ARMED FORCES? YES, GIVE WAR OR DATES) None Enter only one couse per li	150-2	SECURITY NO. 8-4996	17 INFORMAN Frede	Ford 608 Schies rick, Md. 21701	APPROXIMATE INTERVAL
ECORDS, 201 W. PRESTOR BE EXECUTED WITHIN 24: ENDING: IN PENCIL IN ITE WEDICAL EXAMINER ALOR AS A BURIAL: TRANSIT PE ALITH AND MENTAL HYGIR CREMATION, OR REMOVA	go co ly PARI 2	anditions, if any, ave rise to im- use (a) stating the ing cause last.	which mediate DUE TO, C	DR AS A CONSEC	QUENCE OF		ART 1 :0	
AL SED SED SED SED SED SED SED SED SED SED	TIFIC	TERNAL CAUSE		DITION FOR WHI		WAS PERFORMED?		20 AUTOPSY? YES □ NO ▼▼
DIVISION IS CERTIFIC VRITING TH VRDED TO GE 3 SHOU TIE DEPART	CONTI	RLYING OR RIBUTING CAU	JSE OF DEATH P.	ME ME PARM, ETC.)	TO S	elf/inflic		ick Co. Maryland
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STARBALTIMORE, MARYLAND, 21	death ACTUA SIGNA EXAMI (TYPE 0	I certify that I too resulted form AL STURE NER'S NAME OR PRINT)	Natural causes , Margarita A	Accident L Yhull . Korel	Suicide 2	Mamicide Title (SPECIFY) M.D. Assistar 111 [ADDRESS	Undetermined manner	DATE 8-23-85
07/84 BP 25M DHMH - 17 (VR A}5 ME (5))	Cren	nation DIRECTORS m	Aug.27,1	985 Smi	thsburg d Punera	Crematory 1 Home 25a. DATE	Smithsburg,	Washington, Md.

r und ... Aur. 27,1985 U. Lindoung -re : Dong Seach, depay d _ Enforw - donned nonthe unet Sunroh St., Todderfeld, Ni. 847ul

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLY GIENE

								REG. NO					
1. DECEASED NAME (TYPE OR PRINT)	FIRST Minnie		de11	GO	AD		2a DAT	August	30,		YEAR	2b. HOUI	
3 SEX	4	RACE		5. DATE O			6. AGE	IN YEARS LAST BIRTH	IDAY)	IF UNDER	-	IF UNDER :	
Female		White		Feb.	. 17,	1905	8	30	YRS.	MONTHS	DATS	HOURS	MIN.
70 BIRTHPLACE (STATE) COUNTRY) Virginia	OR FOREIGN .7	U.S.A.	WHAT COUNTRY?	MARRIED WIDOWEI		ER MARRIED DIVORCED	7	MORE CITY OR	count			у	MD.
O. CITY OR TOWN OF DEATH 11.				S HOME OR OTHER INSTITUTION ODERESS) Church Road			TYPE OF	17g USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN Seamstress			12b. KIND O INDUSTRY Fred.		
USUAL RESIDENCE (IF N 130 STATE Maryland	13b COUNT Frede	Y	GIVE RESIDENCE BEFORE 13c CITY OR TOW Frederi	N. I	13d INSID	E CITY LIMITS	13e STRE	FL ADDRESS /	ZIP COD	E Chu	rch	Rd.	217
14 FATHER'S NAME FIRST Henr		IDOLE	Bishop		15. MOTH	ER'S MAIDEN		MIDOLE			Unk	nown	1
160 WAS DECEASED EV (YES NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	166 SOCIAL SECU 217-28-2					ret flaffs rch Rd.,		deri	ck,	Md.	2170
	ATH (Enter only WAS CAUSED IMMEDIATE	BY:	line toga, (b), and	Isl	in	Hear	17	mlung		В	APPROXI	MATE INTERPOSET AND I	AL DEATH

CERTIFICATE OF DEATH

tic Heart disease Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

THE DATE OF OPERATION

THE TIME OF INJURY

1%. CONDITION FOR WHICH OPERATION WAS PERFORMED

78a: AUTOPSY7 NOIX

70h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES IT NO IT

COUNTY

THE HOW INJURY OCCURRED (SHIPE SATUR OF SHIPE SCHOOL OF SHIPE

CITY OF TOWN

HOUR AM MONTH DAY YEAR F M 711 LOCATION

THE PLACE OF INJURY AT HOME STREET, FACTORS OFFICE FARM ETC.)

of that is (my) and opinion death occurred on the date and hour and from the causes stated MEDICAL ATTENDING

PHYSICIAN PHYSICIAN

SIGNED

STATE

Dr. LeRoy T. Davis

72x I certify that (II | the benefal) attended

21s. ACCIDENT WAS UNDERLYING.

OR CONTRIBUTIVAS C CAUSE OF SEATH

LIFETHER, NOTHY INDICAL EXAMINER:

THE INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

Burial

MD

801 Toll House Ave., Frederick, Md. 21701 23c NAME OF CEMETERY OR CREMATORY

Frederick, Frederick, Md. Resthaven Mem. Gardens

14 FUNERAL DIRECTION THE Keeney & Basford Funeral Home 106 East Church St., Frederick, Md. 21701

9-3-85

23b DATE

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 2120 cremation, pleas unal, DIVISION OF VITAL RECORDS, certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene DIRECTOR FUNERAL 0 BP

or other traumatic

marked or

IMPORTANT

MEDICAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

```
A Let a C801 (Of Sea MILE)
                                                                                                                                                                                            CANADA STREET
                                                                                                                                                           2025 II 3505
                              Winnel of the Park
 inimather, book apertone.
                                                                                                                                                                                                                                                                                                                           Halisbor.
C majorista
                                                                       Trinitian form to . In.
ners Tit-Mr- 277 hab deem ad timen ad, freezrick, ac. 51754
                                 and the state of t
       LOUIS . N. FONDERCK, IR. 21/01
                                                                                                                                                                                                                                             or cival T pass in
                 and farmer by the to the Bone
                                                                                                                                                                           10712 .ast global fra dated and lot
```

232050	1.	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 9 9 CERTIFICATE OF DEATH REG. NO.					
nay be		CEASED NAME FIRST Hilda	Virginia	Harp	AUGUST 18	1985 730 PM		
ge 4 may	3 SE	× Female	White	June 29, 1901		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN		
leath Po meral dir in 72 hou	70 B	IRTHPLACE STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Frederick Country			
South the full with the fall w	10 C	TYORTOWN 21:791 Union Bridge	(IF NOT IN SUCH EACHLITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS) Vayyly Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) BOOKKEEPET	126 KIND OF BUSINESS OF INDUSTRY Tailoring		
filled in ould be	130	AL RESIDENCE (IF NURSING HOME STATE 13b. COU	or other institution, give residence of solid to the control of th	ridgeves \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10908 Green Va	alley Road		
MARYL ompleted	14 F/	ATHER'S NAME FIRST Clinton	A. Eckard	15 MOTHER'S MAIDEN NA.	ME MIDDLE Gei:	selman		
BALTIMORE, cate be execut		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, GI	WE WAR ORD ATEC	RITY NO. 17 INFORMANT 3985 Carroll E.	Harp, Union B	ridge, Md.		
1 1 1 1 1 1 1		PART I. DEATH WAS CAUS	only one couse per line for (0), b), one SED BY: ATE CAUSE (0) CARD(0)	ULMONANY ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
W. PRESTON ST of the death cert by the offending se remave carine cremation, or me		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		GYEARS		
1 W. PR that the last the cose remains of, cremains rather tr		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF				
RDS, 201 equires the range of the pleo range of	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	HO CAN WARMA	NINAL DISEASE OR CONDITION GIVEN	IN PART 1(0)		
he law ran.	CERTIFICATION	19a Date of Operation	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO YES	VERE FINDINGS USED NG CAUSES OF DEATH?		
SICIAN: Tong physicing physicing certificate urial-transit		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)		
DING PHYSICIAN: The law requir or attending physician. After this certificate has been sig e as the burial-transit permit. Then alth and Avenial Hygiene prior to b marked or frem 18 shaws any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
TTENDIN pital ar TOR Af far use a of Health		sow the deceased alive a	pital) attended the deceased from 19 3	ond that in (my) (sor) opinion	death occurred on the date and hour o	85, that (I) (we) losed and from the causes stated		
AL OR A DIRECTOR AL DIRECTOR DEPT OF THE MOSTER DEP		226 SIGNATURE	Stonen In. MI	DEGREE ATTENDING PHYSICIAN F	MEDICAL STAFF	8/12/85		
TO HOSPITA retoined by TO FUNERA should be de with the Stot		22d. PHYSHCIAN'S NAME (TYPE		22e ADDRESS	ST. WALICERSWILL	Ma 21793		
D & D & M	230. [Burial, Cremation, Remova		NAME OF CEMETERY OR CREMATORY hapel Cemetery	123d LOCATION CITY OR TOWN Frederick Co	unty State		
DHMH - 16 60M 1/75 {VR A 15 (4)}	1	12 12 Just	/	ertytown, Md	E REC'D. BY REGISTRAR 25b. REGISTRA			

gray al-1-4

, dame delegion

unicelia regentical inche perel acordinat estica

Description result for the second second

included -- nimber to a moderate

No. 10 Lines of Lines . 122 . 12011 . 127, 1400 de la constant de

AV V

veinlu //?/2 / Japol Je eterr Lindoriak Countr, El.

1331 Rockville Pike, Rockville, Maryland 20852

Soli Bailym Randell

WILL A U TOOS

DHMH - 16 50M 4/B2

(VRA 15, 4)

	 	a di di
		a di di
	 un ole se la socialità dicione en a sejue se	
to the particle from the second of the second of	Science and Science	
		buston .
	Text of the state of the state of	
omelygold thousand ones here in		er i man

STATE OF MARYLAND

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEND
CERTIFICATE OF DEATH	

2 2

232008	1.	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL NYG	REG. NO.	1 7 4
2000		CEASED NAME FIRST	MIDDLE	1	LAST	to bring on borning	DAY YEAR 24 HOUR
be 3 eoth	53	ister Mary	deChantal	K	EARNEY	August 9, 19	985 11:30
nov pod	3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Page 4 may be director, page 3 nours after death		Female	White	Jan	23 1894	91 _{YRS.}	MONTHS DATS HOURS MIN.
Pod ping	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	9	D NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY	
neral nata		daryland	U.S.A.	WIDOWE		Frederick (County, MD.
ter d	10 C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSIN	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR INDUSTRY
by the of]	rederick	200 East Sec	ond S	Street	Teacher	Religious
24 hour			ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW Freder		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 200 E. Second	
Pin Sign		ATHER'S NAME	Tel. Ter Li.egel.	ICK	YES NO 1		1 000 57/07
mplete ond 2		John	MODIE Kearne	y	Cather		senmeier
Man die	160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b SOCIAL SECU	RITY NO.	Visitation Frederick	Convent. 200 Maryland 21	E. Second St.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18 CAUSE OF DEATH (Enter o	nly one couse per line for iol, (b), one	dicil	2 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t de le			TE CAUSE (0) Cardio	pre	e Stwek		Iwack
death contending of tending or contending or contending or contending or countending or common o		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	CE OF	erolic Cardia-	Jasaular Desease	15 years
that the d by the ease rem oil, cremin		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF			
equires n signe Then pl to buri	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART TO
he law r on. has bee t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
ICIAN; TI a physicia entificate ial-transit ntal Hygin		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2)
G PHYS ortending er this c the bur and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE, F	ARM ETCH	211 LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN trol or or or use or or use or if Health		220 I certify that (I) (this hasp	ital) attended the deceased from	. 1000	ed that in (my) (ment apinion of	to Aug. 9	19 that (I) (we) tost
AL OR AT the hosp AL DIRECT beforhed f betoched f ore Dept. T: If Item 2	8	226 SIGNATURE	of) view the body after death.		DEGREE ATTENDING _	MEDICAL STAFF	271 DATE SIGNED - 85
HOSPITAL The Store of the Store ORTANT:	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT!		22e ADDRESS	Many Low Poly	777
etoined by TO FUNERA should be d with the Sto		Dr. Bernard	d O. Thomas, J.	r.MD	228 North	Market St., Fr	ed. Md. 21701
7 6 F 2 3 3 7	23a. l	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Burial	Aug. 12, 1985 V	isit	ation Conver	at Frederick F	rederick Md.
DHMH - 16 60M 7/B4	24 &	Mitch Keeney	Basford P Mass	Fune	ral home	E REC'D. BY REGISTRAR 256, REGIST	RAR'S SIGNATURE
(VRA 15, 4)		06 E. Church	St. Frederick	. Md	217011UG	1 1 1085 Pa. K	- D 100

×

The state of the s

and and

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 242031 DECEASED NAME 20 DATE KNOWN IX MONTH (TYPE OR PRINT) ESTI-Stanley Jr. DEATH MATED MATITAM 19 85 KIDWELL 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR 38 May 26, 1947 PRONOLINCED :26 male white DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Marvland WIDOWED DIVORCED Frederick County IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS landscaping OR INDUSTRY Frederick Frederick Memorial Hosp. Washington 13e STREET ADDRESS 102 McClellan Ave. Maryland 13d. INSIDE CITY LIMITS? Boonsboro 21713 YES [NOX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Stanley Loveless William Kidwell, Sr. Helen Elizabeth 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 220-42-5931 No George Kidwell, Boonsboro, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? TO BURIAL, ATHIS CE.

ORWARDED TO TE.

OR: PAGE 3 SHOULD BE.

THE STATE DEPARTMENT OF 21201 PRIOR TO BU. YES Y NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 8:30P.M. 8-21- 1985 Operator of motorcycle/auto collision. 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK STATE Frederick road 85 Rt. MD 220. I certify that I took charge of the remains described above, held on utapsy Inspection Inquiry and in my apinian TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BACKWORE, MARTHAN death resulted from Hamicide Undetermined manner HTLE (SPECIFY) Acting Chief SIGNED 8-22-85 EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY burial Bakersville Cemeterv Aug. 24, 1985 Bakersville, Wash., Maryland 07/84 BP 25M MINNICH NERAL HOME BORESWILSON Blvd. 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Hagerstown, Md. 21740

STATE OF MARYLAND

106 ast Church St., Frederick, Md. 21701

ic Davidon-Mana

DHMH - 16 60M 7/B4 (VRA 15, 4)

The second secon

to the first of the second of

Soirs, noney | and property of the state of

the ast harring and irenaries, and affect the

246078 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HAGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME AJUL 20 DATE OF DEATH 26 HOUR TYPE OR PRINTS 85 FREDERICK 30 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE laryland MARRIED NEVER MARRIED Frederick County, WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Frederick Memorial INDUSTRY Carpenter U. S. Governm Maryland Frederick 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 702 West Patrick Street, 21701 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIODLE Coleman Paul Koogle Hessie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 702 West Patrick Street Mrs. Nancy Koogle. Yes Frederick, Md. 21701 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I, DEATH WAS CAUSED BY: NSTAN IMMEDIATE CAUSE (0) SUDOSU DUE TO, OR AS A CONSEQUENCE OF HENIC HEART DISEASS Conditions, if ony, which gove rise to immediate couse (o), stofing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify the (1) this hospital) attended the deceased from. sow the deceased alive on obove. Owe! (did) (did not view the body after death. , and that in (our) opinion death occurred on the date and hour and from the couses stated DEGREE 22¢ DATE SIGNED ATTENDING: MEDICAL STAFF PHYSICIAN IMPORTANT 22e ADDRESS d b shoul 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAN 1985 Mount Olivet Cemetery Frederick, Frederick, Md. 24 FUNERAL DIRECTOR Keeney and Basiord Juneral Home 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 106 East Church Street, Frederick, Md. 21700000 (VRA 15, 4)

BEDBLE Y deputie to the control of the Carlo and the control of the control Mary Sand | Prederick | Lead 1997 | 102 | art Tabrick Street, Silved องเอลครั alroo! detail details des 200 De liverd al-12-lag et mar londo, galerari, et. and The party of a product of the way of the party of the par The same and the same of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIEND CERTIFICATE OF DEATH

17	2	-3	9	4
-	Com	1	-	

REGISTRAR			CERTIFIC	ATE OF DEATH	REG. N	0.		
1 DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY		HOUR
(The Okeanity)	James	Edward	L	ACY	August	8, 198	5	M
3 SEX	4 RACE	i.	5. DATE OF I	BIRTH YEAR	6 AGE (IN YEARS LAST BH	MON		UNDER 24 HRS
Male	Whi		Jan.	4 1922	63	YRS.		
70 BIRTHPLACE (STATE O	REFOREIGN 76 CITIZEN	OF WHAT COUNTRY?	MARRIED (NEVER MARRIED X	9 BALTIMORE CITY			
ITAL' Y TA		OF HOSPITAL, NURSIN	WIDOWED [Freder		0.0	MD
Frederick	Fred	erick Men	norial	Hospital	Mainte:	OF WORKING LIFE!	126 KIND OF BI NREPAI STOP	1
USUAL RESIDENCE (IF NO 130. STATE Maryland	113b COUNTY	k Reder	ick "	INSIDE CITY LIMITS?	130 STREET ADDRESS 201-A Ea	zip code st Thi	rd St.	2170
4 FATHER'S NAME FIRST GOORGO		Lacy		MOTHER'S MAIDEN NA	WIDDLE		Brus	t
(YES, NOOR UNKNOWN)	R IN U.S. ARMED FORCE		2/20	Mrs. Anna hird St.	M. Schaf Frederick	fer, 2 Md.	01-A E	last
18 CAUSE OF DEA	ATH (Enter only one couse WAS CAUSED BY:	per line for (a), (b), ar	nd (c)	icarre	1		APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEATH
PART 2. OTHER SIG	ASH	S CONTRIBUTING TO	genetu	OT RELATED TO THE TERM	VINAL DISEASE OR CON 200 AUTOPSY? YES NOTE	20b. IF YES, W	ERE FINDINGS	USED DEATH?
OR CONTRIBUTION	CAUSE OF DEATH HOUF	AE OF INJURY R. A.M. MONTH D	AY YEAR	1c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	ORPART ?)	
(IF EITHER NOTIFY ME 21d INJURY OCCU WHILE NOT NAT WORK AT WORK	RRED 21e PLA	ACE OF INJURY SE STREET FACTORY, OFFICE,	2	If LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
sow the deced obove, (1) (we)	(1) (this hospital) attended ased alive an (did) (did not) view the b	-1- 8 519		that in (my) (our) opinion	death occurred on the d	ote and hour an	d from the cou	
776 SIGNATURE	Mex &	most	in		MEDICAL STA		Aug.	,1985
	R. Marti	n, M.D.		20 N. Mai	cket St.,F	red. M	id. 217	701
230 BURIAL, CREMATION (SPECIFY) Buris	()			et Cemeter	23d LOCATION CITYORTOWN	ck Fre	ounty derick	STATE Md.
24 FUNERAL DIRECTOR	1	a 14			TE REC D. BY REGISTRAN			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN The

coro de la consecutada de la companya del companya del companya de la companya de State Seat Case Color ATT . H . State . J. . State . H. . ETE and the breaking of the contract of the contra

_		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

6	2	5 2	- 17	
6m	J	U	V	~

Temale IRTHPLACE (STATE ORFOREIGN COUNTRY) INTY OR TOWN OF DEATH FOUNT Airy, AL RESIDENCE (IF NURSING HOME) STATE 1136 CO	U.S. 11. NAME OF SERVE		5. DATE O NOV. 8 MARRIED WIDOWEI G HOME O	25, 1916 AR	August 29, 19 6 AGE (IN YEARS LAST BIRTHDAY) 6 BALTIMORE CITY OR COUN Frederick Co	IF UNDER 1 YEAR MONTHS DATS	2b. HOUR 8:30 A.M. IF UNDER 2J HRS. HOURS MIN.
X Female IRTHPLACE (STATE OR FOREIGN ONN'SYL VANIA ITY OR TOWN OF DEATH Nount Airy, AL RESIDENCE (IF NURSING HOME STATE 1136 CC	Thate Thite To CITIZEN OF U.S. 11. NAME OF (IF NOT IN SU 25 Raw)	WHAT COUNTRY? HOSPITAL, NURSING CHEACHITY, GIVE STREET	S. DATE O NOV.	F BIRTH 25,00 1916 AR NEVER MARRIED	6 AGE (IN YEARS LAST BIRTHDAY) 68 YRS 9 BALTIMORE CITY OR COUN	MONTHS DATS	IF UNDER 24 HRS
Female IRTHPLACE (STATE ORFOREIGN ENTRY) ITY OR TOWN OF DEATH FOUNT Airy, AL RESIDENCE (IF NURSING HOME) STATE 1136 CO.	White 76 CITIZEN OF U.S. 11. NAME OF (IF NOT IN SU 25 Raw)	HOSPITAL, NURSING	NOV. 8 MARRIED WIDOWEL G HOME O	25, 1916 AR	68 9 BALTIMORE CITY OR COUN	MONTHS BAYS	
IRTHPLACE (STATE OR FOREIGN COUNTRY) vania ITY OR TOWN OF DEATH JOINT AIRY, AL RESIDENCE (IF NURSING HOME) STATE [136 CC]	76 CITIZEN OF U.S. 11. NAME OF JIF NOT IN SU 25 Raw	HOSPITAL, NURSING	8 MARRIED WIDOWED	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUN	TY OF DEATH	HOURS MIN.
ONNEY VANIA ITY OR TOWN OF DEATH FOUNT AIRY, AL RESIDENCE (# NURSING HOME) STATE 136 CC	U.S. 11. NAME OF SERVE	HOSPITAL, NURSING	WIDOWEL G HOME O	NEVER MARRIED DIVORCED			0.13.7
ITY OR TOWN OF DEATH SOUNT AIRY, ALRESIDENCE (IF NURSING HOM) STATE 136 CC	11. NAME OF JIF NOT IN SU 25 Raw	HOSPITAL, NURSING	WIDOWEL G HOME O	DIVORCED A	Frederick Co		
Mount Airy, AL RESIDENCE (IF NURSING HOM) STATE 136 CC	25 Raw	CH FACILITY, GIVE STREET A				ounty,	MD.
AL RESIDENCE (IF NURSING HOME STATE 136 CC	OR OTHER INSTITUTION		ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Secretery		BUSINESS OR
Maryland Fr		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Mt. Airy	N 1	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO 25 Rawley Rd.	DE	
ATHER'S NAME			16	15 MOTHER'S MAIDEN NA			
Harry	WIDDLE	Burkhol	lder	Laura	WIDDLE	Dol	e
WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)			Robert H. Tag			
PART I. DEATH WAS CAL	ATE CAUSE (a)	Cardo DR AS A CONSEQUE	NCE OF	ser in Terratile		AUNIONIA	MATE INTERVAL INSET AND DEATH
gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	T CONDITIONS C	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	GIVEN IN PART 1:0	
190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	N WAS PERFORMED	IN CER	TIFYING CAUSES	
OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTH DA	YEAR		RED (ENTER NATURE OF INJURY IN ITEM I	8 PART OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK			ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
saw the deceased olive abave, (I) (we) (did) (did	on 8/1/1	7 5 19			deoth accurred on the date and h	aur and fram the c	
276-SIGNATURE	A.F.	in all	W	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATES	19/75
		l, M.D.			enue, Frederick,	Md. 217	01
	NAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) 18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU IMMED Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN OR CONTRIBUTING CAUSE OF IF EITHER NOTIFY MEDICAL EXAMI AT WORK NOT WHILE AT WORK AT W	Harry WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) 18 CAUSE OF DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause in stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS COUNTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER) 21d ACCIDENT WAS UNDERLYING HOUR ALL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE HOUR ALL WORK ALL WORK ALL WORK 220.1 certify that (1) (this hospital) allefted y saw the deceased plive on above, (1) (we) (did) (did not) view the bad 22th SIGNIATURE 22d. PHYSICIAN'S NAME (1) (1) PEOR PRINT) Dr. James A. Brizzel	Harry WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) I (19 YES, GIVE WAR OR DATES) INO 173-12-9 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE BY Conditions, if any, which gave rise to immediate cause 1a1, stating the underlying cause lost. Conditions, if any, which gave rise to immediate cause 1a1, stating the underlying cause lost. Conditions, if any, which gave rise to immediate cause 1a1, stating the underlying cause lost. Conditions, if any, which gave rise to immediate cause 1a1, stating the underlying cause lost. Conditions, if any, which gave rise to immediate cause 1a1, stating the underlying cause lost. Conditions, if any, which gave rise to immediate cause 1a1, stating the underlying cause lost. Conditions, if any, which gave rise to immediate cause 1a1, stating the underlying cause lost. Conditions, if any, which gave rise to immediate cause of peath life the cause of peath life the conditions contributing to a contributing to a contributing to a condition for which life the condition for which life the condition for which life the cause of peath life the condition for which life the cause of peath life the condition for which life the cause of the condition for which life the condition for which life the condition for which life the cause of the condition for which life the cause of the	Harry WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 173-12-9969 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and 1c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE BY Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT AUCHT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT AUCHT POR CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AL WORK 21d INJURY OCCURRED WHILE NOT WHILE AL WORK 21d INJURY OCCURRED 19 PLACE OF INJURY 1AT HOME STREET, FACTORY, OFFICE FARM ETC.) 220.1 certify that (1) (this haspital) attended the deceased from above, (1) (we) (did) Idid not view the bady after death. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. James A. Brizzell, M.D.	Harry WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT YES, NOOR UNKNOWN) 173-12-9969 Robert H. Lag 18 CAUSE OF DEATH lenter only one couse per line for 101, (b), and ic: PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH INFETHER NOTIFY MEDICAL EXAMINER 21b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY IAT HOME. STREET, FACTORY, OFFICE FARM, ETC.) 21d INJURY OCCURRED 21d INJURY OCCU	Harry Burkholder Laura Madder Laura Madd	Harry Burkholder Laura Dol ADDRESS ADDRESS Rawley Road 18 CAUSE OF DEATH Enter only one couse per line for 101, 161, and 101, 187, 187, 187, 187, 187, 187, 187, 18

DHMH - 16 60M 7/84

(VRA 15, 4)

BP_

Cremation 24 FUNERAL DIRECTOR AND A Basford Funeral Home Smith, Reeney and Basford Funeral Home 106 East Church Street, Frederick, Md. 21701

Aug. 30, 1985 Smithsburg Crematory

natory Smithsburg, Washington, Md.

DIRETE OF COMMENT SIEMO SOLVENIA to the control of the Linguist Total College of the Colleg must rail of 125 prist . Stadon 2000-SI-176 Boot 1981

are extensive and the control of the

The second of th

	FOR
•	STATE
	000107010

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NOGIENE

2	5	17	U	

142	1'	REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	10.		
- Comment	I DE	CEASED NAME FIRST		MIDDLE		LASÍ	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		M.		LIZABETH	LA	1W		8	17 85	A
	3 SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DATS	HOURS MIN
	1	Female	White	9		. 16. 1918	67	YRS		
21	70 B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D MEVER MARRIED	9 BALTIMORE CITY			
8	1	Maryland	USA		WIDOW	- Transfer of the second			County	
40	410 C	ITY OR TOWN OF DEATH	(IF NOT IN SU	JCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING		OF BUSINESS O
7	JUST	Frederick AL RESIDENCE (IF NURSING HOME		erick Mem.		oltal	Housewif	9		
36	130	STATE IN CO	ntgomery	Boyds		YES NO X	136 STREET ADDRESS 23717 Sli	ZIP COL	Rd. 208	841
25	THE	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		14	ST
320	1	Henry		Magers		Lula	Virgi		Mil	ls
p 2) lha	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES!			17 INFORMANT	ADDR			
80	1_	YES, NO OR UNKNOWN) (IF YES.		213-40-8	3971	Darrell H.	Law, It	em 13		
±.	1	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause pe	er line for (0), (b) on	dis	T. Rana	11 -		BETWEEN	ONSET AND DEATH
r ta burra injury, ar	NOI	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1	٥
AND SMO	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDS IFYING CAUSES (ES	
P 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A	OF INJURY A.M. MONTH DI P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART (OR PART 2)	
dor H	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
arke		AT WORK NOT WHILE				0	- 8	12	01	
21 is m		1274 I certify that I think	on view the bod	he deceased from	85.0	nd that w my) (our) apinion (death occurred on the o	date and ho	out and from the	tha (1) (we) lo
If Hen		77h SIGHUORE/	lur	lec_		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN D	22c DATE	SIGNED Y
PORTANI		22d. Byysician's Name (TY)		ILLEN		22e ADDRESS			3	
1	23n	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	Dr., Mt.Ai	ry, M	<u>Ua</u>	
		Burial	Aug. 20			sthaven	Frederi	ck.	Frederic	ck. Md.
7/B4	24 F	UNERALDIRECTOR MO		D 1 5		250 DAT	E REC'D. BY REGISTRAL		TRAR'S SIGNA	TURE
		NAMEL III L. MOJ	lesworth.	P.A. ADDINATI	Pacilia	. Md	110 0 0 400=	80.	F	La

DHMH - 16 60M 7/B4 (VRA 15, 4)

Mere State Rose Commen

10 18 11-8 718 85 70 81 85 90

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X DAY ETYPE OR PRINT! ESTI-DEATH MATED 25/19 85 8/ Duxie Lee, Sr. 4. RACE 3. SEX DATE OF BIRTH IF UNDER 24 HRS 24. DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 2 9 25/19 85 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED M NEVER MARRIED Frederick County, C. DGGGBND WIDOWED L DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 12h. KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION I-70, Jug Bridge, Monocacy River OR INDUSTRY Suna Imperove SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS
YES NO | 76 15 15 15 17 AUX 21218 3a. STATE WAL COUNTY BLYPMERS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MARY GOODWINS 17. INFORMANT 166 SOCIAL SECURITY NO 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) ANNAGELLE foo 2614 Kina AUD 9-44-1566 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries MENTAL HYGIEN IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL HEALTH AND MEI
AL, CREMATION, C lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNREAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTMORE, MARYDANG 21201 PRIOR TO BURIAL, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 8/25/1985 passenger in bus accident 21e PLACE OF INJURY (ATHOME 21L LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK bridge I-70, Jug Bridge, Monocacy River, Fred. Co., MD Autapsy X 220 I certify that I taak charge of the remains described above, held on and in my opinion death resulted fram: Natural cas Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 8/26/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS lll Penn St. (TYPE OR PRINT) STATE 14 FUNERAL DIRECTOR Negral Director 25b REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5) 20M 4/B2

-babbba N and the same of th Garage and Sand State and Sand Sant Sagar The Market and the Control of the State of t CONTRACTOR OF THE STATE OF THE of your for the first in Polanta It

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

REG. NO

CERTIFICATE OF DEATH

FOR - STATE REGISTRAR 3. SEX

DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) MARTZ FRALEY KALPH 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Feb. Male White 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Frederick County. U.S.A. WIDOWED DIVORCED 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Trans . Tech. Frederick Fredderick Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Frederick Rock Creek Dr. 21701 Marvland Frederick 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Fraley Harvey May Martz Bertha "Mrs. Catherine L. Martz 71 Creek Dr., Frederick, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 18 CAUSE OF DEATH (Enter only one cause per line for (Q1, (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER BIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 71d INJURY OCCURRED 21ª PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) This hospital) attended the deceased from saw the deceased alive an above. Alive I did (did not) wew the body after death. and that if (my (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATE DEGREE 22c. DATE SIGNED ATTENDING N MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S W

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

CEMETERY OR CREMATORY THE BURIAL CREMATION REMINION TIE DATE Mt.Olivet Cemetery

Frederick Frederick Md.

STATE

Swith Keeney Lastord Futoral Home. East Church St., Frederick, Md. 21

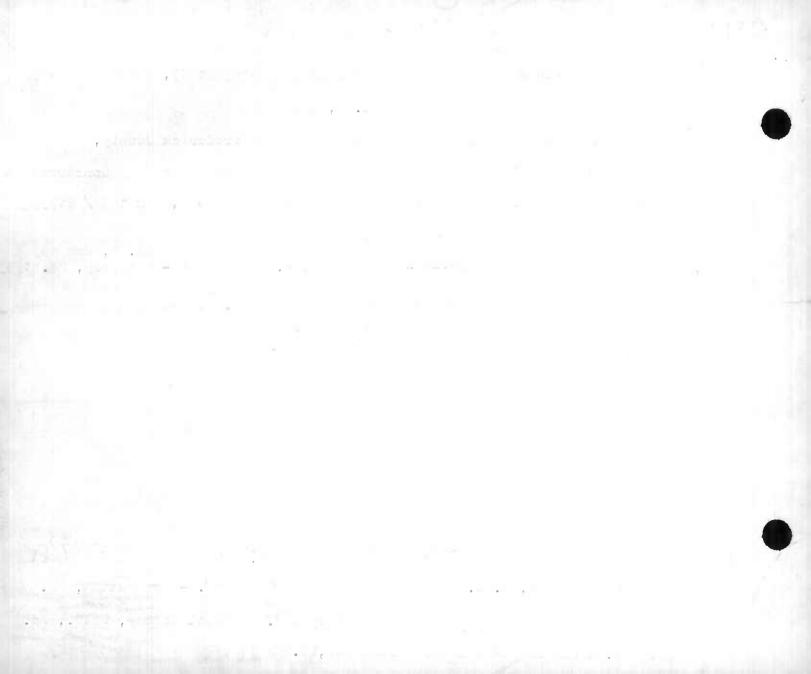
Aulia Davidson-Mandales

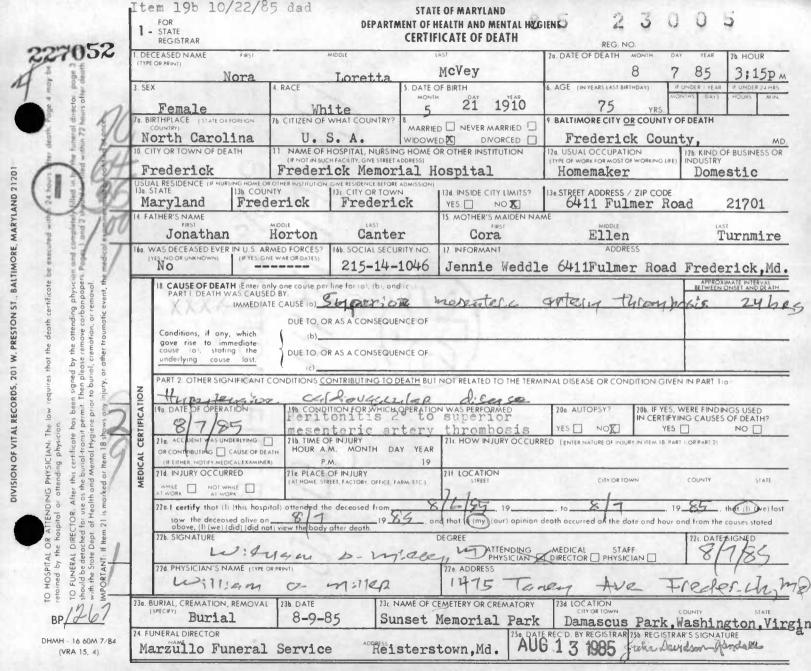
Toll House Ave., Fred. Md. 21701

toyta . at Mesen Sport yell the tolerand xplanture and re-

I was a state of the state of t

The state of the s





reference in Proton con To For Silver and to see o facility and the second control of . El -li-li-2 dentin abila (Alla dan instruction di

direction of the Augustine and the second of the second of

Company of the control of the contro

Mile Midte Seri. U, 1524 90

Mile Midte Seri. U, 1524 90

Mile U.s... Erice Seri. U, 1524 90

Mile U.s... Mile Series Series Series of mornocars

Mile Seri. Mile Series X 7705 Resent Gree Rese

RAND MARGES STRUCTURE STRUCTURE OF SERIES

Marges Series Series Mile Series

Oremetica cor, 12, 1985 or graph over at. and thanker while we have a street of the st

- 5000855

The street of th

EG-14-711 200

the same of the same

DOTAL DE MARKET

 FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE CERTIFICATE OF DEATH

								REG	3. INO.				
	CEASED NAME	FIRST	,	MIDDLE		LAST	0	20 DATE OF DEAT	нтиом Н	DAY	YEAR	26 HOU	JR .
EUGENE			Allen		MITCH	LUSP	25	ALTERNA DE	8	5	85	8:48	3 PM
3 SEX 4 RACE			5 DATE (WEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTH	DER 1 YEAR	IF UNDER	24 HRS		
MALE BLACK			Augi	ist 15	, 1942	42	YRS		DATS	HOURS	WIN.		
To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTY)					NTRY? 8		MARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH					
Hamilton, VA.				USA		IDOWED DIVORCED		Frederick			MD.		
				 NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 			STITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			126 KIND OF BUSINESS OR INDUSTRY		
			ick Memorial Hospital			Labor Constructi					tion		
USU 13a	AL RESIDENCE (IF NURSI	13b COUN		13c. CITY O		13d INSIDE	CITY LIMITS?	13e.STREET ADDRE	SS / ZIP CC	DDE			
Maryland Frede			erick Frederick		erick	YES X NO		13 East AllSaint			Stree	et 2]	1701
14 F	ATHER'S NAME		MIDDLE	LA	(\$1	15 MOTHE	R'S MAIDEN NA	ME			LAS	. 1	NI.
	James				ing	Cr	istell	Mode		I	Mitch	nell	
	AS DECEASED EVER IN U.S. AI		MED FORCES?	166 SOCIA	SOCIAL SECURITY NO. 17 INFORMANT ADDRESS			DRESS			220	168	
	No	(11 125 017	E MAR OR DATES)	223-	56-8717	Cris	tell M.	Lincoln F	.0. 2	37 Ha	amil	ton,	VA
	18 CAUSE OF DEATH	18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and IC(1)								BETWEEN	MATE INTER	DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDING MIREST												
3	DUE TO, OR AS A CONSEQUENCE OF												
CERTIFICATION	Conditions, if ony, which (b)				PIRATOR	4 Str	ency						
		gove rise to immediate couse (a), stating the DUETO OR AS A CONSEQUENCE OF											
	underlying couse lost Burrown Hemorrhogic Meumonia												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Io												
	METABOLIC ENCAPHOLOPATHA, Chronic ETHANDCISM												
				TION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
TIF				` .			YES NO YES NO						
CER	210. ACCIDENT WAS UNDERLYING 21b. TIME OF			FINJURY M. MONTH DAY YEAR 21c. HOW INJURY OCCUR			RED (ENTER NATURE OF	INJURY IN ITEM	18 PARI I O	OR PART 2)			
MEDICAL	OR CONTRIBUTING C		in .		19								
	21d INJURY OCCURR		21e PLACE	OF INJURY		21f LOCAT			OR TOWN		OUNTY		
	WHILE NOT WHI	ILE	(AT HOME STR	EET, FACTORY, (OFFICE FARM, ETC.)	STRE	181	~ 1	1		JUNIT	5	TATE
	22a 1 certify that (1)		al) ottended the	e deceased	from		19.85	5 to \$75	85	19_		that (I) 4	well last
	sow the decease above, (1) (we) (d	d olive on	8/<		19.85.01	nd that in (m	y) (our) opinion	death occurred on th	le date and h	nour and	from the	couses sto	ated
	22b. SIGNATURE	-11	view the bipay	offer deoffi.		DEGREE	1			2	2c. DATE	SIGNED	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D										8/16	185	
	22d PHYSICIAN'S NA	ME (TYPE O	RPRINT)	1		22e ADDRI] DIKECTOK [] PHI				100	
	Mai	22 1	P 164	BIN		186	Thomas	2 robote 20	(a)	Fox	COSA	ICK	MI
23m	BURIAL, CREMATION, F	REMOVAL	236. DATE		23c NAME OF C	EMETERY	CREMATORY	123d LOCATION	U N DI				1
	(SPECIFY) Burial	CMOVAL	8-10-	1 085	Pleasan			Hamilto	n T	oudo	NIV T	Virgi	TATE
100	Durtar		0-10-	1.707	Treasall	o vall	e'à	Hautto	TIT TIT	Judiol	ALL I	144.81	TITO

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

TO HOSPITAL

BP.

P. D. ABOX 397 Purcellville

Hamilton Loudoun Virginia REGISTRAR'S SIGNATURE Julia Davidson-Rondo

ain will measure out the pulls quiest to the later

The state of the s

The state of the s

Alternation of the contract of

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

100	-9	-	37	
2	ن	U	U	- 5

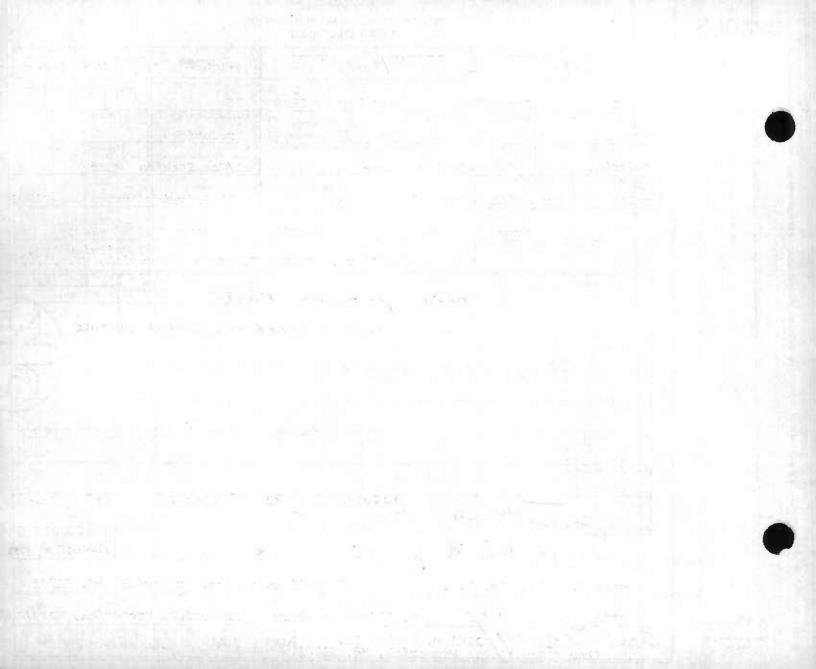
		REGISTRAR				CERTII	ICATE OF DEATH	REG. N	٥.		
1/		EASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	LIAME	OR PRINTI	MARY	Ange	ela	MOLI	NARO		8 23	85	10:09 AM
	1.5EX		J	4 RACE	214	5. DATE C		& AGE (IN YEARS LAST BIR	THDAY} IF	UNDER 1 YE AR	
	Pe	emale		White		Nove	mber 24 1960	24	YRS	NIHS DATS	HOURS MIN
7-1	70 BIF	RTHPLACE ISTATE OR	FOREIGN		WHAT COUNTR	V2 9		9 BALTIMORE CITY O		FDEATH	
2	1111	aryland		U.S.A		WIDOWE	DINEVER MARRIED X	Frederick	County		MD.
11/		TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL NUR	SING HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPATI	ON		OF BUSINESS OR
10	Fr	ederick	400	4 West	7 th S	treet		n/a	F WORKING LIFE)	industry n/a	
70		AL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEF	FORE ADMISSION)				_ II/a	
13		ryland	Ba 1	timore	Catons		YES NO X	920 Rambli		vo 21	1228
6	1	THER'S NAME		OZIMOZ O	Cacono	VIIIC	15 MOTHER'S MAIDEN NA		ng DII	ve 21	1220
31	1.	FIRST		MIDDLE	LAST	linaro	Mary	Marcelin	ne	Si	hea
-		OUIS VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDRE			
1)	()	ES NO OR UNKNOWN)		E WAR OR DATES)	214-92-		M/M Louis Mol	inaro 920 B	amblin	~ Cour	+ 21220
-	N						MI LOUIS MOI	IIIalo 920 R	alibitii		C ZIZZO
		PART I. DEATH W			line tar (a), (b),	and IC	bear of				
	IMMEDIATE CAUSE 10) SCIZURE MISORDET								-	204	
9	Conditions if any which (Cerebral atro shy								1 7	70.	
-	gove rise to immediate								1	24	
8	cause (o), stating the Underlying cause last.									- 11	
	(c)										
	z	PART 2 OTHER SIGN	NIFICANT C	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 1	a
_	TION		none	en.		C 00555.110	A STATE OF THE STA	LeaTORCY?	Tank to VEC 1	LEDE ELLO	h to s vees
2	FICA	190 DATE OF OPERA		196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20e AUTOPSY?			S OF DEATH?
	ST.		one			no	ne	YES NO	YES		но 🗆
10	0	210. ACCIDENT WAS UNI	-	LIOLID A	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	T 1 OR PART 2)	
7	CA	(IF EITHER NOTIFY MEDI			Μ.	19					
	MEDIC	21d INJURY OCCUR		21e. PLACE (AT HOME STI	OF INJURY REET FACTORY, OFFI	CE FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	-	NOT WE	RK L						12		
		220.1 certify tho			e deceased from	P-1-	8 19 57	to	123 19	85	that (I) we) last
		sow the decess	pergione on didy did no	t view the body	after death.		nd that in (my) (aur) apinian	deoth occurred on the d	ate and have a	and from the	causes stated
	-3	276 SIGNATURE	11/	100			DEGREE	MEDICAL STA	EE	The Days	SIGNED
		11	Lagor	Rubon	-	/		MEDICAL STA	IAN 🗌	8/2	3/85
1		224 PHYSICIAN'S N	10	PRINTI	1	1 40	22e ADDRESS	- 0	1	1	210
1		M	Kapp	relson	- M	0	4W7th St	trekeric	ck /	10	21/01
	23a B	URIAL, CREMATION,	REMOVAL	ZIE DATE	23	L NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	E	BURIAL		8/26/1	B5 I	Loudon	Park Cemetery			COUNTY	Marylan
	-		_								

DHMH - 16 60M 7/84 (VRA 15, 4)

14 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE 224066 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2b. HOUR LeROY T.TNWOOD A (TYPE OR PRINT) 4 4198598 3:30 AM 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH MONTH December 5, 1908 76 Male Caucasian 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** IN BIRTHPLACE (STATE OR FOREIGN MARRIED T NEVER MARRIED Maruland USA Frederick WIDOWED DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick 402 Fairview Avenue Ret/Gas Station Owner MARYLAND 21201 13h COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Frederick Frederick NOF 402 Fairview Avenue 21701 Maryland YES X 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE John Caru Moore Catherine Jane Muers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 402 Fairview Ave 212-14-7321A Mrs. Pauline S. Moore Frederick, Md. 21701 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY primonance IMMEDIATE CAUSE (a IFFUSE CEREBRO-VASCULAR DISEASE SEVERE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 ATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION D IN CERTIFYING CAUSES OF DEATH? NOX NO F 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION Š 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE AUGUST AUGUST 22a.1 certify that (1) (the hospital) attended the deceased from ULL saw the deceased alive an and that in (my) (and apinian death accurred on the date and haur and from the causes stated above, (1) (werfdid) (did not) view the body after death 22c DATE SIGNED 226. SIGNATURE DEGREE 40 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN AUGUST 5, 1915 FUNERAL 22e. ADDRESS should b 804 Toll House Ave. Frederick, Md. 21701 George I. Smith, Jr. M.D. 230. BURIAL, CREMATION, REMOVAL 73b DATE 236 NAME OF CEMETERY OR CREMATORY (SPECIFY)
Burial Frederick, Frederick, Maryland BP Mt. Olivet Cemeteru DHMH-16 30M 2/80 2201 Mores Market St. whie Davidson-Handall (VRA 15, 4) Frederick, Md. 21701

Daileu & Son.



	1	FOR	DEPARTMEN	T OF HEALTH AND MENTAL	HYGIENE 9 3 0	1 1.
246089	1-	STATE REGISTRAR		MINER'S CERTIFICATE		
		CEASED NAME FIRST	WIDDIE	LAST	20. DATE KNOWN W MO	INTH DAY YEAR 26 HOUR
- 500000	(14)	e or print) Beri	nard cl.	Mvers	OF ESTI-	8 15 1985
조용을 수표 전	3. SE		5. DATE OF BIRTH 6 AG	E IN YEARS IF UNDER 1 YR. IF UNDE	R 24 HRS 2c DATE MO	NTH DAY YEAR 24 HOUR
N N N N N N N N N N N N N N N N N N N	1	n CAUC		PARS.	MIN PRONOUNCED DEAD	8 1.5 1985 D: 24
200 × 150		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAR	RIED 9 BALTIMORE CITY OR CO	DUNTY OF DEATH
035 5 5 7		MD	USH	WIDOWED DIVOR	LICACIIION	
SERVICE OF		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET AD	HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WI	ORK 126. KIND OF BUSINESS OR INDUSTRY
N N N N N N N N N N N N N N N N N N N		Rocky Ridge	14702 Motter S		LABIRENZ	LABORET
POSCHANO		TATE 136 COUN	ITY 13c. CITY OR TO	OWN_ 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	STATION
D. 22.22	14. F	ATHER'S NAME	DETTICK TROCK	181042 YES NO		EN OSID
A A STATE		IL TABER	MIDDLE LAST	FIRST	MIDDLE	orienous
W SERVER	160	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SE	CURITY NO. 17. INFORMANT	MILASARDER	VIOLANE DO
AFE AGE	1	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	3-9165 HERG	MILRSONS BARRETT 340561	PEENLAY
MAT NO	>	18. CAUSE OF DEATH (Enter on	nly ane couse per line for (a), (b), and (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A PASSA A	1	PART I DEATH WAS CAUSE	TE CAUSE (a) Smoke inha	lation		
S T T T S S S S S S S S S S S S S S S S	13	8 100	DUE TO, OR AS A CONSEQU	ENCE OF		
A THE WAY	10	Conditions, if any, which gove rise to immediate	(b)			
5 E73787		couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
X.2		PART 7 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT NOT BELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN F	NAT 1	
SA SEN	Z		TO THE POPULATION OF METALENTED TO	THE TERMINAL DISEASE OF CONDITION DIFFE IN P	ARI I 0	
A PER MEN	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED?		20 AUTOPSY?
VITA VORD VORD VORD VITOR	TIFIC					YES X NO
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROED TO THE CHIEF RES SHOULD BE USE RESPARTMENT OF HOUR PRIOR TO BURIAL TO PRIOR TO BURIAL		210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
ION HOUTHOUTHOUTHOUTHOUTHOUTHOUTHOUTHOUTHOUT	MEDICAL	CONTRIBUTING CAUSE OF	DEATH NOONP.M. 8 15	1985 house fire		
OER OER OF STATE OF S	A PE	21d. INJURY OCCURRED WHILE NOT WHILE 5	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
THIS WAR		AT WORK AT WORK	home		Station Rd, Rocky	Ridge, Fred, MD.
SES SES	1	22a I certify that I took charg	ge of the remains described above, hel	d an Autopsy X, Inspecti	on . Inquiry . and in m	ny opinion
STIFICAL STANDARD		death resulted fram: Natu	ral causes , Accident X,	Suicide	Undetermined manner,	
WAY WAS	1%	ACTUAL WOULD	to me youle	TITLE (SPECIFY)	nt D	ATE 8/16/85
DICAL TE THE TE THE A SHOUN NERAL DEATH AORE	1	SIGNATURE	no wife o west	M.D. ASSISCAL	nt_medical examiner SI	IGNED 0/ 10/03
TO MEDICAL EXAMI EXECUTE THE CERTIFI AGE 4 SHOULD BE TO FUNERAL DIRECT TO FUNERAL WITH SALTENORE, MARYL SALTMORE, MARYL		EXAMINER'S NAME Marga	arita A. Korell, I	M.D. ADDRESS 11	l Penn St. Balto.	MD.
TO ME EXECUT PAGE VI AFTER I	23a B	URIAL, CREMATION, REMOVAL		OF CEMETERY OF CREMATORY	23d LOCATION ON 1/5	COUNTY
07/B4 BP	1	WRIAL	94.24 MOR.	EHEAD CEN	n UNION C	ARROLL MI
25M DHMH - 17	71.4	INERAL DIRECTOR	1 your dutile	o DATE	REC'D. BY REGISTRAR 256 REGISTRA	R'S SIGNATURE
.(VR A15 ME (5))	LE	und rette	1 34 Wyste a	Le 1734 Alla	29 Des grand Davido	6

CREEKES CHAMPENS ENGLISHED Such Sins Some Sins Sins PART WITE MOTERNESS TOWN 1 200 3 200 - 1 - 1012 12 5 The state of the s and for the first of the Commence and 1986 3- 45 7 cheste / 57237 1/2 / 189

	I I	cem 22a 9/30/85	mtb F#607		OF MARYLAND	HYCIPHE (my ()	4 n
242022	2 1-	FOR STATE REGISTRAR		CAL EXAMINE	EALTH AND MENTAL R'S CERTIFICATE	OF DEATH	REG. NO.	Con .
V	1. DE	CEASED NAME FIRST		IDDIE	LAST	20. DATE	HTHOM N NWONTH	DAY YEAR 26. HOU
Gard 2 E	(TY	re or Print) Irvi	n A	ldean	Myers, Sr.	DEATH	MATED 8/	25/19 85
PER	3 SE	4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY)	IF UNDER TYR. IF UND	ER 24 HRS. 2c. DATE	MONTH	DAY YEAR 34 HOL
DIR OUR		le Caucasia		04 81 YRS.	MONTO DATO HOURS	DEAD	8/	25/19 85 P
ECESSARY, JUERAL DIR FOR YOUR WITHIN 72	54 F	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHAT		MARRIED NEVER MA	RRIED .	ORE CITY OR COUNT	
A STATE	10.0	laryland	U.S.A	AL NURSING HOME	VIDOWED X DIVO		derick Cou	INTY, MI
THE STATE OF THE S	/	rederick	(IF NOT IN SUCH FACILI	Y, GIVE STREET ADDRESS)	onocacy Rive	FOR MOST OF WORL	(ING LIFE)	OR INDUSTRY Automobile
A PERSON	USU	AL RESIDENCE (IF IN NUNSING HOME	OR OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION				Md.
SERVE SERVE	-	ryland A		3c. CITY OR TOWN Glen Burn		3 STREET ADDRE		Dr. 21061
MD H	2/11	ATHER'S NAME	MIDDLE	LAST	IS MOTHER'S MA	IDEN NAME	DDIE	LAST
OF PEA	10		nown			Unkno		1001
TIME PAR PER P	160.		WAR OR DATES)	66. SOCIAL SECURITY		Burnie, Ma	-	
BAI GN GN PAC GN SMS		NO 18 CAUSE OF DEATH (Enter or			59 Bessie	G. Myers	849 Sout	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
HOUNTS WG V WE WIT	. V	PART I DEATH WAS CAUSE			ad Trauma	Multiple in	juries	BETWEEN ONSET AND DEATH
AZ A	N'GIE	8/1/ IMMEDIA		A CONSEQUENCE OF	·	Office Pro		
A ANSWER	SEV.	Canditians, if any, which gave rise to immediate	(b)					
ED W.	8	couse (a) stating the <u>under</u> lying cause lost.	DUE TO, OR AS	A CONSEQUENCE OF				
S. M.	OL N	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMIN	I OPERATE OR COMPTION OF THE PARTY	I BART S C.		
MECORDS D BE EXERTED IN A SERVICAL D AS A BU EALTH AN	NEW NEW	THE TOTAL STORIT CART CONSTITUTE	CONTRIBUTION TO GENTIL BOT	NOT REALED TO THE TERMIN	C OISEASE OR CONDITION BIFEN IN	TARTION.		
HAN HEA	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERA	TION WAS PERFORMED?			20 AUTOPSY?
A SHOW	A L				and the second			YES X NO.
OF THE WAR	22 8	210 EXTERNAL CAUSE WAS UNDERLYING X OR		NONTH DAY YEAR	2Tc HOW INJURY OCCUP			
SION TO	5 5	CONTRIBUTING CAUSE OF		8/25/ _{T9} 85	subject pa	ssenger in	bus accide	int
DIVI MATERIAL MATERIA	N N	WHILE NOT WHILE X	STREET, FACTOR		I-70, Jug B	city or toy		unty STATE Fred.Co.MC
RWA RWA STA		220. I certify that I taok char	10/4		Autopsy X Inspec		ond in my op	
200 E	3/	death resulted fram: Natu	8 A	ccident X Suice		Undetermined mo		imon
WITH SHAPE	3	-	11/		TITLE (SPECIFY)			
4年53年	2	ACTUAL SIGNATURE	NI		M.D. Assista	nt_medical exam	INER SIGNE	8/26/85
MEDI CUNE CON CONTRACTOR	2/	EXAMINER'S NAME Gree	ory R. Kauf	Ffman M D		lll Penn St		
PAGE PAGE ATT	23a.	(TYPE OR PRINT) GLEC		23c. NAME OF CEME	TERY OR CREMATORY	23d LOCATION		
8P		Burial	8/28/85		dge Park	Elkrido	re Howar	
DHMH - 17	7	UNERAL DIRECTOR	ADDRESS		All All	TE REC'D. BY REGISTRA	R 25 REGISTRAR'S S	IGNATURE
(VR A15 ME ((5))	Raymond C. Fi	nk Glen H	Burnie, Md	.21061 AL	70 27 805	Julia Davido	Mary Comment

3 5 5 7 3

£ 5 1=5 1 = 5

Thomas The Day of the Court of

Taymond o Mint Glor Berlie No. 21722 V. H. S. Hon Calleston

7,5

5 77 5

7 1

	500	STATE OF MARYLAND
000004	FOR - STATE	DEPARTMENT OF HEALTH AND MENTACHYGIGNE Z 3 U 1 3 CERTIFICATE OF DEATH
238084	REGISTRAR 1. DECEASED NAME FIRST	REG, NO.
é wŧ	(TYPE OR PRINT)	MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 30
poge deor	3. SEX	U- Worris August 101913 JAM
V 4 per	3. SEX	4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS AS I BIR I HOAY) IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
irect ones	I FEMALE	White #12 15 1911 73 YRS. MONTHS DAYS HOURS MIN.
7 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
deo deo	SOUTH DAKOTA	USA. WIDOWED Frederick MD.
The free free free free free free free fr	II. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH, FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
201 Silver Silve	tregenela	Meridian Norsing Center Housewife
t hour	130. STATE TISE CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN 1 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP_CODE
AN Page 1		NUTGONEY PODICSUITE YES B NO 1 19900 Fisher AUC 20837
Within within mine	14. FATHER'S NAME	MIDDLE AST FIRST MIDDLE LAST
MA omp	Peder	OAHL ELIZABETH Brown
ORE, Necu	160, WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS.
TIM be e s. Po	NO	577-38-8758 Axlene LUAN-Toolerallo Mel.
BAL sote ysica oper vol.	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line far (a), (b), and (g).
ST.,		TATE CAUSE (a) Consostine heart failure 3-4 mo
NO F STORY		DUE TO, OK AS PROSEOUENCE OF
RESTON Life To	Conditions, if any, which gave rise to immediate	bellivilled beat desease 1-dynt
1	cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF
the the sol		(c)
Signe signe sen p	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO
OR Jeen	190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 DODITAN FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1206 IF YES WERE FINDINGS USED
PEC low sor re pr	DATE OF OPERATION	IN CERTIFYING CAUSES OF DEATH?
VITAL N: The hysicion front hygier hyg hygier hygie	210. ACCIDENT WAS UNDERLYING	YES NO YES NO NO 1
<u> </u>	00.000100000000000000000000000000000000	Contract of the contract of th
Sicon ng Certification of the sign of the	UF EITHER, NOTIFY MEDICAL EXAMI	NER) P.M. 19 21e. PLACE OF INJURY 21I LOCATION
VISIO		(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DING or off After e os ti alth a	AT WORK AT WORK	17 1. 11 85
7 - ~ 5 0 4	saw the deceosed alive	on Live 19 on that (I) (we) last on the deceased fram ond that in (my) (cor) apinian death accurred whe date and havi and fram the causes stated
	obove, (I) (we) (did) (did)	tion) view the body after death.
he h		ATTENDING , MEDICAL STAFF
PITAI by the ERAI Store	274 PHESICIAN'S NAME IV	PHYSICIAN DIRECTOR PHYSICIAN WAY 10/955
TO HOSPIT TO FUNER should be a with the Signal	Honne (1	
Shoot Shoot	23a. BURIAL, CREMATION FEMOV	AL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION 16
BP	(SPECISY)	CUV OR SOUTH
	24 FUNERAL DIRECTOR	8/13/85 Municary Control Bealls Me Must 9 MG.
DHMH - 16 50M 4/83 (VRA 15, 4)	Mull	C - Wills Brown of The AUG 10 1988 Augustus Randon

Alega all parties and a received to the little state. The light of the land of the l

	FOR		DEPARTMENT OF HEALT	H AND MENTAL HYGI	ENE 2 3 0	4
228038	STATE REGISTRAR	ME	EDICAL EXAMINER'S			
1010000	1. DECEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN W MONT	TH DAY YEAR 26. HOUR
₩ ~: <> \& ←	(TYPE OR PRINT)	rene	V. (ORME	OF ESTI-	2 1085 100
PLEASE ECTOR. R FILES. HOURS STREET,	3. SEX 4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF U	INDER 1 YR. IF UNDER 24 HR		H DAY YEAR 2d HOUR
Z Z Z Z Z	Female White	Sept. 23.	YEAR LAST BIRTHDAY) MOR	THS DAYS HOURS MIN.	PRONOUNCED A DE	9 2 85 10
AND AND A	To BIRTHPLACE (STATE OR		VHAT COUNTRY2 18		9 BALTIMORE CITY OR COU	INTY OF DEATH
出版の意識の	FOREIGN COUNTRY) Maryland	11		RIED NEVER MARRIED WED DIVORCED	Frederi	CK.
25 m 2 1	10. CITY OR TOWN OF DEATH	11 NAME OF HO	SPITAL, NURSING HOME, OR OT	HER INSTITUTION 120. U	JSUAL OCCUPATION (TYPE OF WOR	MD. 12b. KIND OF BUSINESS
T OFFICE	Fredarick/	Freder		16	or most of working life; Housewife	OR INDUSTRY
2022000	13a. STATE N36 CC	UNTY	13c. CITY OR TOWN		TREET ADDRESS	
2120 SAME A 2005		gomery	Damascus		0312 Sunset Dr.	20872
M HAZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	14. FATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
H AND SA	George	W.	Bosley	Annie	L.	Brown
W SESSEE IN	160 WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES, O	ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	17618 Park	Ridge Dr.
S. AFTER DES GIVE PAGES GIVE PAGES GIVE PAGES SI VISION OF	No		218-12-7572	Mary L. Crow	vn, Gaithersbur	g, Md. 20878
5 6 3 € 0	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly ane cause per lin	ne far (a), (b), and (c).)	. F l		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST ITHIN 24 HO CIL IN ITEM 1 ANEX ALCING ANEX REMO AL HYGIENE REMOVAL.		NATE CAUSE (a)	Ruspitator	91211016.		
NOW NOW	Canditians, if any, wh		R AS A CONSEQUENCE OF	P		36 kg.
	gave rise to immedi	ate (b)		on Ineum	eniz.	36 hr.
201 W. UTED W IN PENIN EXAMIN STAL-TRI	cause (a) stating the <u>unc</u> lying cause last.	er- DUE TO, OI	R AS A CONSEQUENCE OF	11111		TO STEET
XECUT VG' IN VAL EX BURIA AND		(c)	tracture.	ケレイバー		
AL RECORDS, 20 JOULD BE EXECUT S. "PENDING" IN FEF MEDICAL EX SEA OS A BURIA FHEATH AND AL, CREMATION	PART 2 OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO GEATH	N BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1 (a).		
PEN BENE	190. DATE OF OPERATION 50/4 27 210. EXTERNAL CAUSE WAS	196 COND	STION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
TALR HOULD NSED OF HE	JU14 27-	85 TA	+ +- 1 -	t J 1	: 1515 h	- 14
S B B B B B B B B B B B B B B B B B B B	210 EXTERNAL CAUSE WAS	216. TIME C	OF INJURY 1216 H	OW INJURY OCCURRED LENT	ER NATURE OF INJURY IN ITEM 18 PART 1 OR	
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROED TO THE CALIE ER 3 SHOULD BE USE EVERARMENT OF IT OF PRIOR TO BURRIAL			M. MONTH DAY YEAR M. July 2619 85	7.11 112	eldeni i	Menze
CERTIF CERTIF TING DED TO TOEPAR	214 INJURY OCCURRED	21e PLACE	OF INJURY (ATHOME, 211. LO	OCATION	in much	7.7011/2
DIVIS IS CER. NRTINA NRDED GE 3 SI OF PR	WHILE NOT WHILE AT WORK	N .	colian Home	STREET	CITY OR TOWN	COUNTY STATE
PANA STA					LA,	
A A A A A A A A A A A A A A A A A A A	220. I certify that I taak ch		(SZ)			apinian
REC BE	death resulted fram: N	atural causes 🔲,	Accident Suicide L		determined manner,	
CAI EXA SHOULD SHOULD SAAL DIRE SATH, WILL SATH, WILL	ACTUAL OTHE	9. B.O.	0	Deputy	DAT	NED Chy 3 1985
ZER KER KER	SIGNATURE	J RACE		M.D. TDEPALY M	EDICAL EXAMINER SIG 812 Toll House	
TO MEDICAL EXAMENED TO FUNERAL DIRE CERT PAGE 4 SHOULD FOR PAFER DEATH, WITH BALTMORE, MARNE	EXAMINER'S NAME (TYPE OR PRINT)	obert I T	homas, M.D.	_ADDRESS	Frederick, Md.	
TO ME PAGE LA	23g. BURIAL, CREMATION, REMOVA	L 236 DATE	231. NAME OF CEMETERY		LOCATION ITY ORTOWN	
ВР	(SPECIFY) Burial	Aug. 6, 198			P17 Mo	ntg., Md.
DHMH - 17	24 FUNERAL DIRECTOR			1250 DATEMEC'D.	BY REGISTRAR 256 REGISTRAR"	SSIGNATURE
(VR A15 ME (5))	WOTTH T. MOT	eswortn, pres	A., Damascus, M	d	Julia Da	ridson Bando on

STATE OF MARYLAND

CL - PO A CROSS TO THE STREET OF MET ACTION

gressen buty and february

. .

in the contraction

The Theorem . The transport of the trans

the contract of the second of the contract of

A Principle of the late of the

entropies ... et ... eggers

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

	1	-	STA REC
ш			KEC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEALTHS

4000	100.2	- 19	- 3	
Com	3	0		6

	1 -	STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0.		The LY
ī		CEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH		Y YEAR	2b. HOUR
84	() PE	FRANCES	Virginia	Pet	tingall	AUGUST	24 1	785	4:05 AM
1	. SE		4. RACE	5 DATE O		6. AGE (IN YEARS LAST BIR	_	FUNDER I YEAR	IF UNDER 24 HRS
1	70	male	White	MONTH	23 16	69	YRS	DNIHS DATS	HOURS MIN.
	o. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O		OF DEATH	11
21.		COUNTRY)	77 0 3		X NEVER MARRIED				
		ryland ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED		Frederic		125 KIND C	MD. OF BUSINESS OR
1			(IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)		(TYPE OF WORK FOR MOST O			7, 503114E33 OK
		ederick	Frederick Mem	oria	l Hospital	Ward Cler	k	Hosp	ital
2	13a. S 1a.	ryland Fred	SKUSKSY		134 INSIDE CITY LIMITS?	PSEED PREK 1631 Shoo	ZIP MARY KSTOW	yland n Roa	21701
g 1	4 FA	ATHER'S NAME FIRST	MIDDLE LAST	37	15. MOTHER'S MAIDEN NAM	WE		LAS	
21	r	anklin	A. Sanger	2 3	Bessie	J.	Mer	riman	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI		17 INFORMANT	ADDRE	SS		
	()	YES, NO OR UNKNOWN) (IF YES, GIVI	219-01-	5173	1631 Shooks Raymond E.	town Road Pettinga	Fred 11 Jr	. Md.	21701
		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and	ic o		100	12.34	BETWEEN	IMATE INTERVAL ONSET AND DEATH
Т			ECAUSE (0) RESPIR	ATOR!	+ FAILURE				
-1			DUE TO, OR AS A CONSEQUE	NCE OF		A-			
		Conditions, if ony, which	(16) ExTENS	VE	SMALL CFLI	L CARCONOL	AT .		
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		0 F THE	LUNG		
		underlying cause last.	(c)			No. of the Land			
	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	DEBATION	I WAS DEDECORATED	Z00 AUTOPSY?	WEDE FINION	VERE FINDINGS USED	
1	FIC	THE DATE OF OFERATION	138 CONDITION TOR WHICH	JERATIO!	WAS FERT ORMED	200 AUTOF31:			OF DEATH?
4	RT		7 24 7445 25 114424			YES NO	YES		NO 🗆
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	Day SIC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK NOT WHILE	THE STREET, FRETORY OFFICE, FA	non ere j					
		saw the deceased alive on	an attended the deceosed from 24 AUGUIT 19	, one	that in (my) (our) apinion a	to 10005			that +tr(we) last
4		above, (I)-twe) (did) (did-not	view the body after death.	D	EGREE			122c. DATE	SIGNED
0		(= 1 43	15 1	4.0	ATTENDING	MEDICAL STAF	F		146 GG
		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	1,0	22e ADDRESS	DIRECTOR PHYSIC	IAN []	de la	. 4 80
				6					
2	3a B	SURIAL, CREMATION, REMOVAL	236 DATE 23c N	AME OF CE	METERY OR CREMATORY	23d. LOCATION			
	-	Burial	8-26-85 Mt	011	vet Cemete	CITY OR TOWN		Fred.	Md.
	-	INERAL DIRECTOR G. DO	The second secon						

DHMH - 16 60M 7/84

(VRA 15, 4)

1621 Opossumtown Pike Fred. Md.

7 5 1

B . - - P

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HEGIENE

906

Minutes

week

IF UNDER 24 HRS

CERTIFICATE OF DEATH REG NO

DECEASED NAME 2n DATE OF DEATH PUTMAN 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF LINESER LYEAR Male White 27 1897 87 Oct. IN BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED U.S.A. Maryland Frederick County, WIDOWEDXX DIVORCED F CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Frederick Frederick Memorial Hospital Equipment Opertor County Roads USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3 West Ninth Street/ 21701 Frederick 136 COUNTY 13d INSIDE CITY LIMITS? Maryland Frederick YESXX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Fisher Effie Calvin 1.00 Putman Mae ADDRESS West Ninth Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT None 217-32-5469 Mrs. Louise Schultz, Frederick, MD. 21701 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. DUE TO, OR AS CONSEQUENCE OF Conditions, if ony, which 212003 gove rise to immediate couse 10), stoting the underlying couse lost. CERTIFICATION 20b. IF YEN, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL

should be diwith the Sta

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

220 I certify that (1)(this haspital) ottended the deceased from_ sow the deceased alive on 3005 t 3 above (1) we) (did) (did not) view the body after dear

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

WHILE NOT WHILE

230 NAME OF CEMETERY OR CREMATORY

DEGREE

July

211 LOCATION

22e ADDRESS

ATTENDING PHYSICIAN

23d LOCATION Aug. 70 1985 Resthaven Mem. Garden Frederick

CITY OF TOWN

DIRECTOR PHYSICIAN

(our) opinion death occurred on the date and hour and from the causes stated

Frederick Maryland

COUNTY

22c. DATE SIGNED

106 East Church St., Frederick, Md. 21701

21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE FARM, ETC)

director, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AN CERTIFIC ATE OF

6	my		1	1
2	0	Ü	- 1	-

D MENTAL HAGIENE	Com	0	0	
DEATH				

REC	GISTRAR				CEKIII	ICATE OF DEATH	REG. N	10.		3
	SED NAME	FIRST		MIDDLE		AST .	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(TYPE OR PR	,	WILL	IAM	LESLIE	RE	DIFER		8	14 15	
3. SEX		001120	4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
M	ale		Whit	е	Nov	22 DAY 1930 FAR	54	YRS	MONTHS DATS	HOURS MIN.
70 BIRTHE		OREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Mary			U.S.A	•	WIDOWE		Freder	ick		MD
0. CITY O	R TOWN OF DEA	TH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	ION	126 KIND C	OF BUSINESS OR
Fred	erick		Frederi	ck Memori	ial Ho	spital	Air Traff	ic Con	t. Fed.	Aviation
USUAL RE		13h, COUN	other institution ity erick	GIVE RESIDENCE BEFORE	/N	134 INSIDE CITY LIMITS?	136 STREET ADDRESS 9813 Mt.	/ ZIP CODE	Road 21	773
FATHE	R'S NAME	T A		T 15 15 15	= 10	15 MOTHER'S MAIDEN NA				
Ray	mond	C	WIDDLE R	edifer		Rhoda	A		Turbert	1T
	DECEASED EVER		MED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT	9813499		or Road	
(YES N	Yes	1952	-1954	578-42-9	9641	Phyllis Redif			MD 2177	
	PART I. DEATH W	AS CAUSE		line far (0), (b), an		ETASTATIC	PENAL	ANCE		ONSET AND DEATH
go car un	onditions, if any, ave rise to immuse to, statin-derlying cause	nediate g the last.	(b) DUE TO, O	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR COI			
CERTIFICATION 100	DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO	
WEDICAL MEDICAL	ACCIDENT WAS UND CONTRIBUTING CC FETHER NOTIFY MEDIC INJURY OCCURR HILE NOTIWH YORK NOTIWH YORK (I) I certify that (I) Sow the decease	AUSE OF DEA	21e. PLACE (AT HOME STI	M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, F	3.	211 LOCATION STREET 19 and that in (my) (aur) opinion	RED (ENTER NATURE OF IN)	OWN	COUNTY	STATE that (I) (we) last
77 d	SIGNATURE PHYSICIAN'S NA ARTHU	(did no	S. P.	ofter death.	n	ATTENDING PHYSICIAN DE PHYSICIA	MEDICAL ST. DIRECTOR DPHYS	AFF ICIAN []	22c DATE	14/85
	ria]	KEMOVAL	3-16-			U. Methodist	Myersvil	le Fre	derick	MaryTand

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use with the State Dept. of Hea IMPORTANT: If hem 21 is m TO FUNERAL DIRECTOR:

injury, or other troumotic

morked or Hem 18 shows any

OR: After this certificate has been signed by the ottendin r use as the burial-transit permit. Then please remove cark Health and Mental Hygiene prior to burial, crematian, or

Myersville, MD 21773

Myersville Frederick Maryland

25a. DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

National Control of the Control of t

		STATE OF MARTLAND										
246045	1-	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 0 1								1
		REGISTRAR		MIDDLE LAST				REG. NO.	-	-		
• n=		CEASED NAME OR PRINT)	PIRST					2a. DATE C	OF DEATH MO	120	XX	b. HOUR
by by deat			بابكلانا		PETER		ANK	7-105	0	20	NDER TYEAR	FUNDER 24 HRS
after after	3. SE.			4. RACE White		S. DATE C			YEARS LAST BIRTHDA	MÓN		HOURS MIN.
lirect ours	7. 01	Male				June	1 1907	78		YRS.	DEATH	
7 20 10		RTHPLACE (STATE OR FOR	EIGN		WHAT COUNTRY?		NEVER MARRIED	_	ore city <u>or</u> c Freder		DEATH	
9 2 8		ary Land TY OR TOWN OF DEATH		U.S.A		WIDOWE	DROTHER INSTITUTION		LOCCUPATION		12h KIND OF	MD. BUSINESS OR
3760	M	iddletown		8022A	old Hager	address) stown			ORK FOR MOST OF WO	ORKING LIFE)	County	_ 1
1385	His. S		B. COUN	other institution. ITY erick	13c. CITY OR TOW Middlet	'N	13d. INSIDE CITY LIMITS?	130. STREET 8022	A Old Ha	gerst	ownRoad	1 21769
10/	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN		MIDDLE		LAST	
100/100		Roman		SI	hank		Annie		WIDDLE	De.	lauter	
1 60 1		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	8022	A OTTESH	agers	town Ro	oad
00 1/	1	No	(# 163, 017	E WAN ON DATES)	217-18-7	875	Nellie Shan	k Mido	lletown,	MD 2	1769	
sicio pers ol.		18 CAUSE OF DEATH	Enter an	ly ane cause per	line for (a) (b), an	d (cl.)	11	(V) 1		X I	APPROXIMA BETWEEN ON	SET AND DEATH
ph)		PART I. DEATH WAS		D BY: [E CAUSE (a)	Mr	ne 1	botuctor	· Unl	money	Deseas	Me	us
ding orbo				DUE TO O	R AS A CONSEQUE	ENCE OF			}		٥	
one cition,		Canditions, if any, v		((b)_				07.43	F-65			
ires that the d gned by the ar in please reman buriol, cremati		gave rise to immed cause (a), stating	diate	DUE TO O	R AS A CONSEQUE	ENCE OF					11111	THE TAX
		underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
	_	PART 2. O HER SIGNIFICANT, CONDITIONS CONTRIBUTIONS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
The true	CERTIFICATION	Den	entr	1 1	tande	SA		cross			MAL	
s be price	ICA	19a DATE OF OPERATIO	N	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU			VERE FINDING	
St Po	RTIF							YES 🗌	NO	YES [NO 🗆
ficot tron 11 Hy	-	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	_	1 216. TIME O	OF INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN	I ITEM 18 PART	1 OR PART 2)	
riol- ento	MEDICAL	(IF EITHER NOTIFY MEDICAL	EXAMINER	P.		19						
this pe by dor	AE B	21d. INJURY OCCURRED			OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
os that		AT WORK AT WORK			(323) - 13					100		
Use Heal		22a.1 certify that (1) (t)			ne deceased fram_		. 19	10		. 19_		at (I) (we) last
Oron of I		saw the deceased			after death.	, a	nd that in (my) (aur) apinio	an death occur	red an the date	ond haur an		11
DIRE Check Dept Dept		226 SIGNATURE		1.1	110.		DEGREE	ZWEDICA	CTAFF		22c. DATE SI	ONED
RAL deto		141	22	1	N 1000			DIRECTO	R PHYSICIAN	4 🗆	8	21
FUNE ild be the Si		22d. PHYSICIAN SINAM	E (TYPE O	PRPRINT)	-1		220 ADDRESS	1	. ,	1	6	11
TO FUNERAL should be det with the State		17 4	N	1- (MD	1473	1 40	187	HVE	- 16	Redin
⊢ v s ≤		URIAL, CREMATION, RE	MOVAL	23b. DATE			EMETERY OR CREMATOR	CI	CATION	5.0	OUNTY	STATE
		"/ Burial	0	Aug. 2,	3,1985 Gr	ossni	ckles Brethr	en Mye	ersville	Frede	erick N	
- 16 50M 4/82	34 E	MARKET ST.	Ku	hette	504 Main	Stree	25a. D		REGISTRAR 256.			
VRA 15, 4)	E	cketts Fune	eral	Home ;	17.7	3.00	21772 110	IN C 400	c. la	Kil	Bandas	0

(VRA 15, 4)

DHMH - 16 50M 4/83 (VRA 15, 4)

日本

Burial August 16

Robert E. Dailey & Son, P.A.

Robert S. Hughes, M.D.

27d. PHYSICIAN'S NAME ITYPE OR PRINTS -

230 BURIAL, CREMATION, REMOVAL 236 DATE

Grossnickle's Ch.

Frederick, Md.

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTP AR 25b. REGISTRAR'S SIGNATURE

700 Montclaire Ave., Frederick, Maryland

Myersville

PHYSICIAN DIRECTOR PHYSICIAN

Lika Tairdan Randoso

Frederick

200 Fe M. Welling Clare

City of Consense of the Consen AND A SECOND STATE OF THE r.on so to orr A STREET TO STREET ASSET IN THE STREET TO STREET TO STREET THE STREET ASSET a service of the serv all degraders

The state of the s

The last course of leafier to James and the Standard Property and the Standard Property and the Standard Property Co. 21701

		500	STATE OF MARYLAND
226097	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTADHYGIENE Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
DAGGE .		CEASED NAME FIRST OR PRINT)	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
age and be	3. SE.	Charl	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHD FUNDER 24 HRS
oge 4		M	S. SEPT 18 1948 66 YRS. MONTHS DAYS HOURS MIN.
ooth. P		RTHPLACE (STATE OR FOREIGN COUNTRY)	MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED MORCED MORCED MORCED MORCED MORCED MORCED MARRIED MORCED
the differ of	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 1170 F WORK FOR MOST OF WORKING LIFE) INDUSTRY
4 hours of die by lid be like	USU.	AL RESIDENCE (# NURSING HOME OR ITATE 1 138 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 134 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13g. STREET ADDRESS / ZIP CODE
hin 24 liled should be should	14. F/	Ma ma	ETER Frederick YES NO X 61/5 MANOR WOOD Rd
MARY red with red with and 2 in and 2 i		unkn	MIDDLE MEST ANNIE MEDLE USESON
MORE, ond co			MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS E WAR OR DATES) ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
BALTIN icate be nysician nysic		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for (the unit ic.) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
h certificat ding phys arbanpap ar remavo		IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN; The law requires that the death certificate be executed within 24 hours rattending physician. When this certificate has been signed by the attending physician and completely filled in bias the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the nod Mental Hygiene prior to burial, cremation, ar removal. In and Mental By shows any injury, or other traumatic event, the medical (Rogulner must be arked or them.)		Conditions, if any, which gave rise to immediate	(b) Mystartist Typickton
equires that the death ce in signed by the attending Then please remove corb 'to burial, cremation, or injury, or other traumatic		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF
equires equires to signed to buril	N O	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to
nas been na be	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N. The lo systcian. cate has ransit per Hygiene 18 shows	CERTI	210. ACCIDENT WAS UNDERLYING	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SION OF VITA PHYSICIAN; T ending physici this certificate the buriol-transi and Aeritel Hygi d or feeral 8 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 19 216 PLACE OF INJURY 211. LOCATION
DING PH or after the e os the l oith and marked o	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
O O O E		22a I certify that (1) (this hospi taw per deceased alive on above 11) (see a both I did no	tol) attended the deceased from
OR A DIREC Oched Obpt.		27h SIGN TUR	DEGREE ATTENDING MEDICAL STAFF 100 DATE IGNED
RAIL AL		224. FT TS THE STAME (1116)	PHYSICIAN DIRECTOR PHYSICIAN
TO HOSP retained I TO FUNE should be with the S	220	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION
BP	L'	BUNIAL	8-7-1989 ST Paulo Church Della frederick state in
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	SNAME HICKS	1922 Fores Drive AUG 12 1985



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 238142 CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) tta nowde Mae 4 RACE LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1.5EX 5. DATE OF BIRTH MONTH .1898 Black Jan TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED X Frederick Maryland WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Frederick Citizen's Nursing Home Worker Demestic USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN Md. 21701 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Frederick 3909Urbana Pike, Frederick Frederick 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE LAST Mollv Unknown Snowden ADDRESS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Md (IF YES, GIVE WAR OR DATES) IYES. NO OR UNKNOWN) Urbana Pike, Frederick no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) S ALONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR W CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 71d. INJURY OCCURRED 210. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE ansum 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an lucy and that inamy) (aux) apinian death accurred an the date and haur and from the causes stated abave, (1) (sue) (did) (did not) view the bady after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED /MEDICAL ATTENDING I PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME 22e ADDRESS 23d. LOCATION THE BUILD REMOVAL 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY Fairview Frederick 24 FUNERAL DIRECTO DHMH - 16 50M 4/82 (VRA 15, 4)

pides of the moxico. The profit unique of mealth to the more of mrederich Trotrok X Coleban Plan, woonen melwords viloit 135-26-3929 Smy Rey 1009 Urbana Pilte. Gre . Dr. sky tehers and the vale Life Pales Transfer Transfer

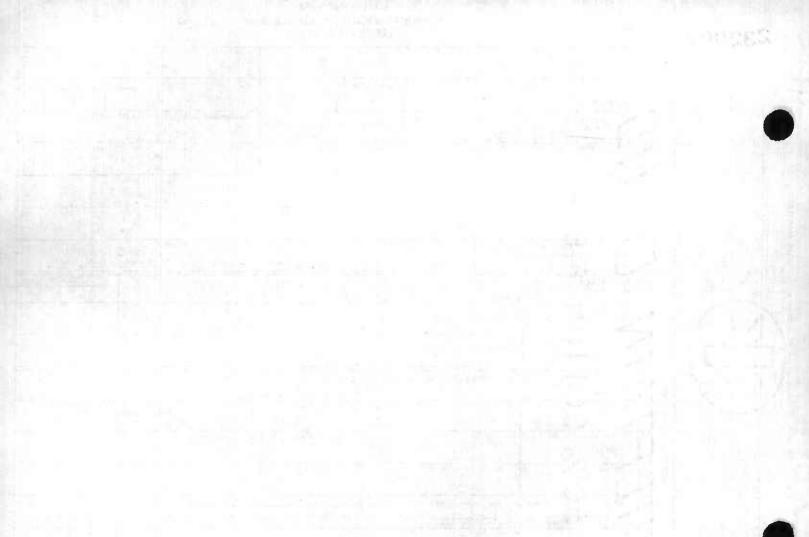
Balto., Md.

W. PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

Anatomy Board





10715 Sual beveryes, 075 bury . throat 390 hondeville Line

LOWIS .NO . MOCHETOR, CM. . APPOR

Service, con succession of execution, produced, produced, produced, produced of the contract o

(VRA 15, 4)

Company of the contract of the con Modernhare ente des lates des selfes a la company de la . All - D - TE TENT State Tenger Hawais com, did. The state of the s Margara Pareral Hone Middletown, Milette

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	300	REGISTRAR							REG. NO			
		CEASED NAME FIRS	1	MIDDLE	L	AST		20. DATE OF	DEATH A	AONTH D	AY YEAR	26 HOUR
7750	TAME	NELL	-IE L	OUISE	Si	mm	ERS	AUG	UST	11,	1985	5:45 A
	3. SE	Х	4 RACE		S. DATE O			6 AGE INY	EARS LAST BIRTH	_	ONTHS DAYS	IF UNDER 24 HRS
		remale	Cauca	sian	July		1929	50	6	YRS	ONIHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	□ NEVER	MARRIED -	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
P	2	Ohio	U.S.A		WIDOWE		IVORCED T	Fre	ederi	ck		M
//	10 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		R OTHER IN	MOITUTION	120 USUAL C				F BUSINESS OF
1	1	rederick	Frede	rick Mer	noria	1 Ho	spital	Home	emake			Home
5	Ho. S	1	ederick	GIVE RESIDENCE BEFORE IJL CITY OR TOW Jeffer	N 1	13d. INSIDE YES 🔽	CITY LIMITS?	13: STREET A		ZIP CODE	d Driv	155 ve
6	14 FA	Rufus	MIDDLE	Baker			'S MAIDEN NAM	ME	MIDDLE	Wh:	i tehes	ad
,		VAS DECEASED EVER IN U.	166 SOCIAL SECU	3878 Shadywood Dr. mmers Jefferson, Md. 2175								
	,	NO	ES, GIVE WAR OR DATES)	302-24	-1917	Robe	ert Sun	nmers	Jeff	erson	n, Md	. 2175
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P.										YRS
U	ŏ.	DIABETES RENA FAILURE, ASCUD, LENKOPENI										
7	CERTIFICATION	19a DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	WAS PERF	ORMED	20 AUTC	NO NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
1	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	OF DEATH HOUR A	OF INJURY m. MONTH DA .m. OF INJURY	Y YEAR	21c HOW I	NJURY OCCURE	RED (ENTER NA	TURE OF INJURY	IN ITEM 18 PA	RT 1 OR PART 2)	
	ME	NOT WHILE C	LIAT HOME S	TREET, FACTORY, OFFICE F.	ARM, ETC.)	STRE			CITY OR TOW	In In	COUNTY	STATE
	A STATE OF	270 I certify that (1) (this saw it decound of subsect (1) well did (276 SIGNATURE	min 8	111 10		d that (Tim)	ATTENDING PHYSICIAN	MEDICAL	STAFF		ond from the	
		228 PHYSICIAN'S NAME	TYPE OR PRINT)	ere		22e ADDRE				10.		
1		BURIAL, CREMATION, REMO	OVAL 236. DATE		IAME OF C	EMETERY OF	CREMATORY	23d LOCA	ATION OR TOWN		COUNTY	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

Beloit Columbiana Ohio

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Burial 8/14/85 Highland Mem. Park Be Funeral Director of Leesburg, Va. 22075 Date Rector By Colonial Funeral Home of Leesburg

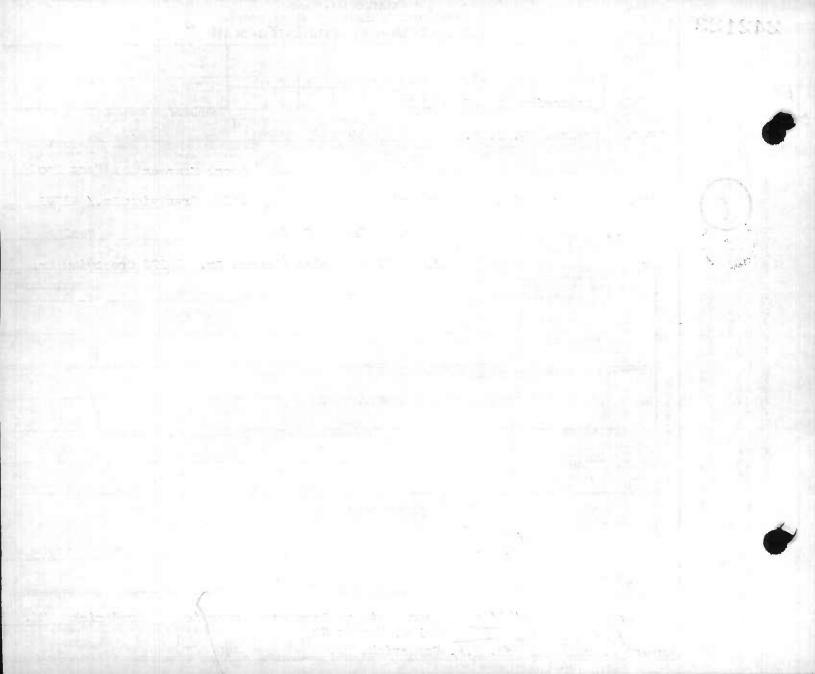
nis Sucesion Salvia 1030 An Sucesion Salvia Sunderion Sucesion Sucesion Succession Succe

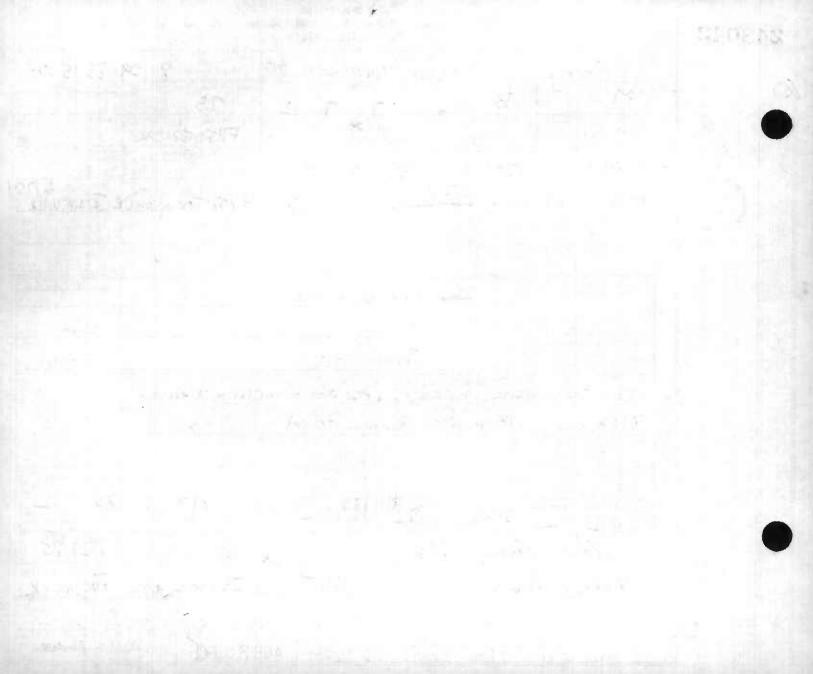
ora called the solution of the

classes of the section of the sectio

Colorini vunucal tore of technical

									ARYLAND							
242	123	1-	FOR STATE		AAE				AND MENT		NE 3	0 3	U			
~ X~		1 67	REGISTRAR	FIRST	WE		EXAMIN	EK.2 C	ERTIFICAT	E OF DE	AIH	REG. NO.	Marie Comment			
			CEASED NAME E OR PRINT)			WIDDLE			LAST		20. DATE KN	ESTI- MO	NTH DAY YEAR	2b. HOUR		
35 00	ET, ETS.	150		Scott		N.		Thom		nomas			3/ 11/19 8	5 "		
PLEASE	E SE	3. SE		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE			NDER 24 HRS	PRONOUNCE	4ÓM	TH DAY YEA	6:10		
× 2 2	N 25 E	1	Male	Caucasi				RS.	15 DATS HOU	KS MIN	DEAD	8	3/ 11/19 8			
ASS A	ESTA		RTHPLACE (ST.		76. CITIZEN OF W	HAT COUN	VTRY?	8 AAA DDII	ED NEVER A	ADDIED SES	9 BALTIMO	RE CITY OR CO	UNTY OF DEATH			
製造	F F Y YOUR SILES.		reign country)	aruland	U. S. A.			WIDOW		ORCED D	Freder	rick Cou	intv.	440		
42 4	WAS TO		TY OR TOWN		11. NAME OF HO					12a US	UAL OCCUPA	TION (TYPE OF WO	ORK 12b. KIND OF			
¥.	SH &	Fr	ederick	City	Freder:	ick Wa	ater St	hed			R MOST OF WORKIN	-	OR INDUS			
100	788	USU	L RESIDENCE	IF IN NURSING HOME C	OR OTHER INSTITUTION, C	IVE RESIDENCE	BEFORE ADMISSI	ON)			ore Mar		Fast Fo	ood		
02 72	1000 S	1	TATE	13b. COUN			ORTOWN		13d. INSIDE CITY LIM		REET ADDRESS					
0.5	A-1-		aryland	Fred	erick	Fre	ederick		15. MOTHER'S A			stview	Dr./2170	r./ 21701		
A.	₹95///	T	FIRST		MIDDLE		LAST		FIRST		MIDD	LE	LAST			
Se Se	15 40 H	160 1	Ralph	EVER IN U.S. ARA	MED EODCESS		Chomas CIAL SECURIT		Judi 17 INFORMANT			ADDRESS	Neal			
WIT WELL	588	100	ES, NO, OR UNKNO		WAR OR DATES)	100. 300	CIAL SECURII	INO.	IV IN ORMAIN			ADDRESS				
BALTIMORE, MD. 21201 S. AFIER DEATH	WITH WITH DIVISI		No				2-72-53	62	Ralph T	homas,	Jr. 1	0176 Cr	estview 1			
	18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:								PARTY				BETWEEN ON	ATE INTERVAL		
NO THE	ANSIT PERMIT AL HYGIBNE REMOVAL	1.5			TE CAUSE (a)				Wound t	o Head						
EST Z	AND WAR		0 10	vf 1:1	DUE TO, OI	R AS A CON	NSEQUENCE	OF								
201 W. PRESTON ST.,	MINER AL		gave ris	s, if any, which e to immediate	(b)											
¥ 04	XAMII AL-TR N, OR		cause (a) lying caus	stating the <u>under</u> -	DUE TO, OF	R AS A CON	SEQUENCE	OF								
	AND MEN AND MEN				(c)											
RECORDS, LD BE EXEC	INFO THE CHIEF MEDICAL EXA 3.3 SHOULD BE USED AS A BURRAL. DEPARTMENT OF HEALTH AND ME INFORMATION.	-	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN	EIN PART 1 (a)						
0 8 5	A ALTI	CERTIFICATION														
	A HER	1	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPS	Y?			
SHO DEC	35558 L	E	1. ÷		Beer Line			1					YES X	NO 🗆		
OF ATE	HOW O	U		L CAUSE WAS	216 TIME O		DAY YEAR	21c. HC	OW INJURY OCC	URRED (ENTER	NATURE OF INJUR	IN ITEM TE PART 1	OR PART 2)			
S SE	000	13	UNDERLYING CONTRIBUTIN	IG CAUSE OF E	2	0/	11/19 8	5 se	elf infl	icted	wound					
DIVISION OF VITAL	PR PR	MEDICAL	21d INJURY O		21e PLACE	OF INJURY			CATION		CITY OR TOWN					
IS CHISC	A REPORTED TO THE PARTY OF THE	2	AT WORK	NOT WHILE		. TONT, FARM, E	10.)		derick W	ater S		ed. Cit	v. Fred.(STATE MG		
± 1	ST/	10	220 1 4 6	. sheet teest, sheen	e af the remains de	ما ما ما ما	b. [d	Autaps				7	_	O.P.C.		
NE C	SCOTA		death resulte					[37]		ection	Inquiry L		y apınian			
AA	RYL RYL		death resulte	a fram. Natur	al causes,	Accident	L, 50	icide X	, Hamicide L		termined mann	er,				
200	33 2 5		ACTUAL		M	1			TITLE (SPECIF			DA	ATE O/10	/OF		
2	Z Z Z Z Z	/	SIGNATURE_	×	-			M.	D. Assist	MEI MEI	DICAL EXAMIN	ER SK	GNED 8/12/	85		
WED	A NO SE		EXAMINER'S N	NAME Gre	gory R. K	Cauffm	an. M	D.	ADDRESS	111 Pe	nn St.					
OF X	PAGE 4 SHOULD BE FORWARDED I'VE WAS TO FUNERAL DIRECTOR, PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPARE BALLMORE, MARYLAND, 21201 PRO	73a B		ION, REMOVAL 2					R CREMATORY		OCATION					
		(PECIFY)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8/15/85					CITY	YORTOWN			STATE		
BP		24 F	Burial JNERAL DIESC	TOR 1 - 1	0/13/85		ol N. M		Cemete		unswick Y REGISTRAR	256 REGISTRAF	derick SSIGNATURE	Md.		
	HMH - 17 A1S ME (5))		NAME RO	bet E. W	Tacky Thoses	the same of the sa			ALIO	22 10	OE d.1	Nachdana	- Bandelle	6		
	20M 4/82	RC	bert E.	Dailey	& Son, P.	$A \cdot F_1$	rederic	K, Mo	1. NOU	0.0	00 7 m	Chain Infol		4		





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

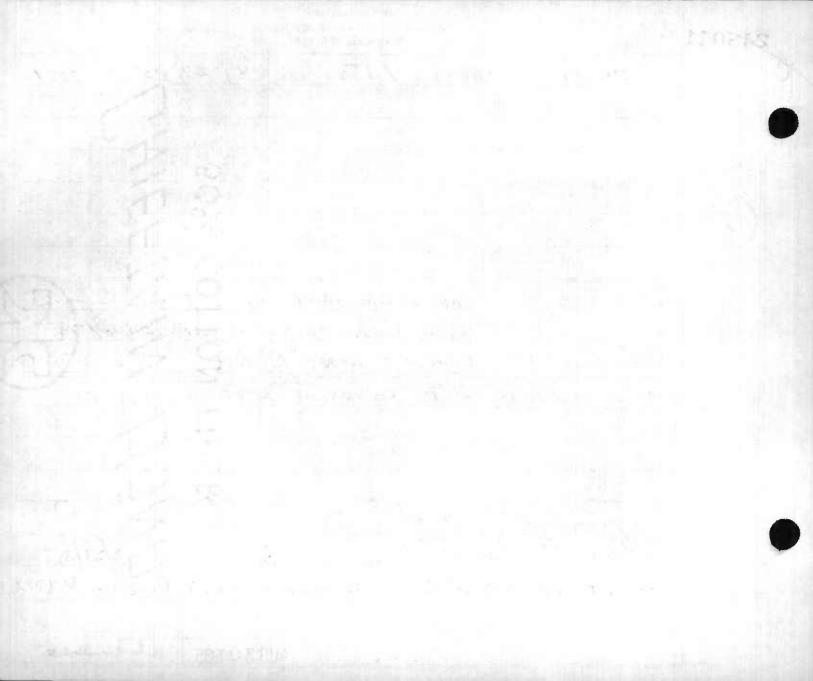
43041 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME 2h HOUR (TYPE OR PRINT) HENRY HARRY 1 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 9=14=08 Male White To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York City U.S.A. DIVORCED [Frederick 0 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Memorial Hospital Supervisor Frederick Laboratory 130 STREET ADDRESS / ZIP CODEMO . 13h COUNTY 9521 Dublin Rd. Walkersville Frederick Walkersvilles [Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Augusta Vito Voltaggio Louise 16h SOCIAL SECURITY NO 17 INFORMANT 140 WAS DECEASED EVER IN U.S. ARMED FORCES? Walkersville, Md. 21793 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARRES 7 1/2 HOUR IMMEDIATE CAUSE ID CHRONIC OBSTRUCTIVE PULMONARY TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY IN CERTIFYING CAUSES OF DEATH? 21h TIME OF INJURY 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER! 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE LAT HOME STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that it (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF DIRECTOR PHYSICIAN 22e ADDRESS 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION St. John Evangelist CITYOR TOW 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Spring Mont. Church Cemetery Silver

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR G. Douglas Stauffer Opossumtown Pike, Fred. Md. 21701

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

- Sid Davidson-



244 080	1.	FOR			DEPART	MENT OF	TE OF M	AND MI	ID ENTAL HY	(GIENE)	-3	13	.5		
241078	1-	STATE REGISTRAR		M		EXAMIN		-		th-db	l REC	G. NO.			
		CEASED NAME E OR PRINT)		WIDDLE			LAST			DATE KNOW	N N MON	TH DAY Y	H DAY YEAR 26 HOUR		
2000年	(11)	E OR PRIINT)	JOSEP	н н	VRY		W	EGSTE:	IN	1	OF ESTI-	-	16 198	35 M	
五名五支票	3. SEX	4. R	RACE	5. DATE OF BIRT		6 AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER 2		DATE	MONT		YEAR 24 HOUR	
N SOCIAL STATES		M	W	4 7	22		- mortin	DATS	HOURS	MIN PRO	DEAD	8	16 198	9:15 P M	
SE S	7a. B	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY?			8 MARRI	ED NE	VER MARRIE	D . 9 B	ALTIMORE CI	ITY OR COL	INTY OF DEAT	Н	
25.35		linois		U.S.A.			WIDOW		DIVORCE		rederio	ck Cou	inty	MD.	
SHANE A	10. C	TY OR TOWN OF	DEATH	11. NAME OF HO	FACILITY, GIVE	TREET ADDRESS)			TION	FOR MOST	OCCUPATION OF WORKING LIFE		OR IND	DUSTRY	
302 L	- Barrier	rederick		Frederi				ital		NBS			Gov.	ı	
SECTION SO		TATE	13b. COUNT		13c. CITY	ORTOWN		13d. INSIDE CI	TY LIMITS?	ाउँ विद्या	er eon	Pk.	Fred.	Md.	
E ASECT		ryland	Frede	erick	Fre	deric	k	YES 🗌			Prosp	pect	Hi12)/	101	
# H- *0#		THER'S NAME	C.1	WIDDLE				FI	R'S MAIDEN	NAME	MIDDLE	Gingrich			
0 000	J C	seph VAS DECEASED EV			rles Wegstei			17. INFORA	lsie		ADD		GINGL	ingrich	
1 20000		ES, NO, OR UNKNOWN) Yes	(IF YES, GIVE V			16-7				stein	3805	ZO Wa	lnut S	St.	
2005		18. CAUSE OF D	EATH (Enter only	y one couse per li									APPROX	UMATE INTERVAL	
T TANAGE TO SERVICE TO		PARTI DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease										BETWEEN	ONSET AND DEATH		
STAN STAN STAN STAN STAN STAN STAN STAN		DUE TO, OR AS A CONSEQUENCE OF													
RANGE TO SERVICE TO SE		Conditions, if ony, which gave rise to immediate (b)													
RECORDS, 201 W. PRESTONS ID BE EXECUTED WITH N.24 H PENDING" IN PENCIL IN TEXA AKEDICAL EXAMINEE AS A BURIAL - TRANSIT PER FEALTH AND MENTAL HYGENE CREMATION, OR REMOVE															
NI RECORDS, 201 V ULD BE EXECUTED F FEMEDING" IN PR F MEDICAL EXAV SED AS A BURIAL- F HEALTH AND ME		(c)													
A BELLEN	1,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.													
A AS CALL	무	196 DATE OF OP	EDATION			mer's c			AAE DO						
SHOULD ORD "PROULD ORD "PROULD ORD "PROULD ORD "PROULD ORD ORD ORD ORD ORD ORD ORD ORD ORD OR	CERTIFICATION	176 DATE OF OF	EKATION	IVB. CONL	9b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTO		
A OF VITA CATE SHO THE WORD THE CHI THE CHI THE CHI THE CHI	를 를	216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21t HOW INJURY OCCURRED LENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PAR									NO X				
S CRTIFICATE SHOU RITING THE WORD." REDED TO THE CHIE E 3 SHOULD BE USE TO PRIOR TO BURLAND OF HOSE		UNDERLYING CONTRIBUTING	OR CAUSE OF D		M. MONTH	DAY YEAR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OCCORRED	(ETTER THE E	ic of myont at it.	EM TOTAL TO	rant #)		
ISHO TO TO PRIOR	MEDICAL	21d. INJURY OCC		ŽIE PLACI	OF INJURY			ATION							
	¥	WHILE AT WORK	T WORK	STREET, FA	CTORY, FARM, E	1C.)	S'	TREET		CIT	Y OR TOWN		COUNTY	STATE	
2 2 3 3 3 2		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my opinion													
L EXAMINER: 1 CERTIFICATE, DUID BE FORW. J. DIRECTOR: P J. WITH THE SI	13		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner ,												
EXA CERTA OUD F I, WITH		TITLE (SPECIFY)													
A HERONAL	-	ACTUAL SIGNATURE	AV	W	4/0	_	M.	Assi	stant	MEDICAL	EXAMINER	DA' SIG	TE 8-1	7-85	
LA SIET	-	EXAMINER'S NA	ME · Ann	M. Dixo	h M	D			111 r	Penn S	t., Bai	1+0	MD 212	201	
TO MEDICAL E EXECUTE THE PAGE 4 SHOUL TO FUNERAL D AFTER DEATH,	-	(TYPE OR PRINT)						ADDRESS_				100.7	.47 212		
	(URIAL, CREMATION				NAME OF CEA				23d. LOCAT	WN .		YINUO	Md.	
07/84 BP	24. F	irial JNERAL DIRECTO		8-21-85		t. 01i	vet	Ceme	250 MARIE AN		erick		S SIGNATURE	Mu.	
DHMH - 17 (VR A15 ME (5))		NAME () () () () () () () () () (glas St			МА	2170	AUG	231	305 4	ha Davi	down Ran	delle	
(121 000	Sounto	WII IK.	TTEG	TICK	1100 -	21/4	1		11				



ofter death

STATE OF MARYLAND

	1 -	STATE REGISTRAR			CERTIF	CATE OF DE	ATH		REG. NO.			
		EASED NAME FIRST	-	MIDDLE	1./	AST		20. DATE OF DE	ATH MONTH	DAY YEAR	26- HOUR	
L	LITPE	Theodo	re	(none)	W	yatt		Augus	t 25.	1985	6:30 M	
3.	. SE X	tas San San Sa	4. RACE		5 DATE O		METO	6 AGE IN YEARS	LAST BIRTHDAY)	MONTHS DATE		
1		Male	Whit	e	Mar	2 2	1919		66 y	RS.	MIN.	
A.		THPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER M.	ARRIED 🗍	9 BALTIMORE	CITY OR COL	JNTY OF DEATH	Enwith	
1		Ohio	U.	S.	WIDOWE		ORCED	Fre	deric	k Count	y. MD	
1	0 CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		R OTHER INSTI	IUTION	120. USUAL OCE		ING LIFE) INDUST	polied	
_	الباييث ا	ion Bridge	12529	Molass	0.00	ad		Univer	sity		hysics	
	30. S		VIY	13c CITY OR TOW		13d INSIDE CIT	Y LIMITS?	13e STREET ADD	RESS / ZIP (CODE 2	1791	
4	_		derick	Union 1	Bridg		40 X	12529	Mola	sses Ro	ad	
4	4. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S	RST		IDDLE	<u>.</u>	AST	
1		Francis	D.	Wyat			bel	-		Ford		
116	(YI	AS DECEASED EVER IN WO TO	AND FOW ATES		RITY NO.	17 INFORMAN	IT		ADDRESS		21791	
L		Yes (MES. tiv		490-16-	Bridge	Bridge, Md						
		BETWEEN	NONSET AND DEATH									
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carcial Arrest											
П			DUE TO, O	RAS A CONSEQUE	ENCE OF	0	him	1 10		115		
1	- 1	Conditions, if ony, which gove rise to immediate										
ı	-1	cause (a), stating the DUE TO, OR AS AJCONSEQUENCE OF										
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN										
	z I	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	IN AL DISEASE O	R CONDITION	GIVEN IN PART	10	
	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATION	V W/AC DEDECO	AAED	20a AUTOPS	v2 20h	IF YES, WERE FIND	INCSTICED	
	읪	144/14/1da	of Income	more rok willen	OFERATIO	· WAS FERIOR	IN CERTIFYING CAUSES OF DEATH?					
-	ERT	21a. ACCIDENT WAS UNDERLYING	21h TIME O	OF INJURY		21c HOW INJ	IRY OCCURR		_	M 18 PART OR PART 2)	NO []	
	(25) III	OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH D				15,4154,421041	0, 1,000, 1,000			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE	M. OF IN HERY	19	211 LOCATION	٧					
Г	Z	WHILE NOT WHILE		REET FACTORY, OFFICE, F	ARM ETC 1	STREET		C	TY OR TOWN	COUNTY	STATE	
1		AWORK ALWORK ALWORK 120 I certify that (I) (this haspital) attended the deceased from 1865 3 1975 to 1865 1965 that (I) (we) lost										
ı		saw the deceased alive on	Bug 3	19_			our) opinion d			d hour and from th		
1		abave, (1) (we) (did) (did no 22b SIGNATURE	t view the body	after death.		DEGREE					E SIGNED	
1	-1	Tomes Free	VU (7	FOR DL. G	nusch		TENDING TYSICIAN	MEDICAL DIRECTOR	STAFF	8/2	5185	
1		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	U. U.A	10201	22e ADDRESS	TISICIAN L	DIRECTOR	PHISICIAN			
		7 0										
		Lames Fu	17.7.2	2/1		3000	arti	Aus, F	- ver	erich	· Mozi	

DHMH - 16 60M 7/B4

(VRA 15, 4)

Union Bridge, Md AUD 2 PBY REGISTRAR'S SIGNATURE Cremation

orno (mano) Special Avenue 25, 1985 (esem)

This call of the c

han seconfor pages at the second deleter deleter deleter.

ent -- India dicast

efforted, transfer along the contract materials, 22

Tenation action, there, the committee,

FOR

- STATE

100102 McKinstry Mill Rd. New Windsor, MD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (and opinion death occurred on the date and how and from the causes stated TE SIGNED DHMH - 16 50M 4/B3 whia Devidoon-Mandael (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26. HOUR

IF UNDER 24 HRS

0

HOURS

126 KIND OF BUSINESS OR

OWN

Trens Claserson 8/15/86 Latorabers of the same was a later A. B. J. Telling Portland (Frederick) parking a selection of the parking of the pa Control occurs In 13 and 10102 to the control of th with the property of the file The state of the s into ... ber allivering greaters extragall for the transthe second of the second of th